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THE  
ECLECTIC MEDICAL JOURNAL.

CONDUCTED BY

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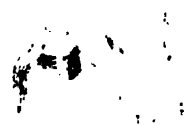
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# THE ECLECTIC MEDICAL JOURNAL.

FOR JANUARY, 1853.

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## PART I.—ORIGINAL COMMUNICATIONS.

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### INTRODUCTORY LECTURE

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OF PROF. J. R. BUCHANAN, FOR THE WINTER SESSION OF 1852-3—DELIVERED  
AT THE MECHANIC'S INSTITUTE, SATURDAY, NOVEMBER 6, 1852.

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The present is an especially important occasion because it marks the commencement of a new era. The first quarter of the present century was characterised by the developement of a new science, more interesting, more valuable, than any which had preceded it—the phrenological science of the brain, developed by Gall and Spurzheim—a science more pregnant with the germs of great thought, and great reforms, than any other form of human knowledge; so important in its prospective results that we may well consider its introduction and diffusion as the greatest intellectual event of the first quarter of the nineteenth century, during which the illustrious Gall discovered and taught the leading mental functions of the brain, constructed with his own pen his eternal monument, and died full of wisdom and honor.

In looking over the second quarter of the nineteenth century, I find no great intellectual scientific movement filling that space, but the American movement for the regeneration of the medical profession, by denying the absolute authority of its leaders to impose a creed upon its members and by protesting vigorously against its most flagrant abuses.

This movement of reform from 1825 to 1850, has come into being from the force of the common sense, and common conscience of American practitioners, has gained a definite shape and scientific character—has spread itself over the land from Maine to Texas—has sustained its medical journals, has caused the entire or virtual repeal of all laws restricting the practice of

medicine—has organised its medical schools in the East and the West, and even established in this city a college outranking in the number of its matriculated pupils six-sevenths of the medical colleges of the United State.

This first quarter century of the history of medical reform, extending from the early protests against salivation and bleeding and the successful demand for the repeal of restrictive medical laws, by the legislatures of the several states, down to the death of the lamented Morrow—its bold pioneer in Ohio—this interesting period of painful struggle for the common rights of humanity to freedom of speech and freedom of conscience in the medical profession, will be remembered hereafter with a lively interest like that period of danger and hardship when the early pioneers of the West encamped in the forests occupied by the merciless Indians, the bear, the panther and the wolf, and converted the dangerous wilderness to a happy and peaceful residence.

And I may add that the distinguished pioneers of Eclectic Reform in Ohio, which is now its head-quarters—THOMAS VAUGHN MORROW and ICHABOD GIBSON JONES will be remembered by our posterity of the medical profession as Daniel Boon and Gen. Clarke are remembered by the people of the West, who dwell in the glorious land which they by their valor and untiring energy protected from desolation. Morrow and Jones the heroes of the first quarter century of medical reform, have left their mark upon the profession, and we are all waiting impatiently for that work in which the fruits of their experience shall be presented to the public.

From 1850 to 1875 may already be recognized as the second era of medical reform, in which period the Eclectic Reformer proudly holds up his head, having bravely vindicated his right to freedom of thought; and having had his independence recognized by law and by custom—he may devote less attention to self-protection and more to the cultivation of science. The pioneers who settle and cultivate our country with the plough in one hand and the rifle in the other, are not expected to excel in the works of an advanced civilization, and the reformers who are struggling for professional existence against a powerful combination are not expected to give years of midnight toil to the literature of their profession. But in the new era from '50 to '75 to which you young gentlemen belong, the literature of our profession must achieve the same triumphs which have already been achieved by its clinical practice.

The great feature of this second era of medical reform is the breaking down of the last fortification of Medical Hunkerism, leaving it entirely at the mercy of the people. The science and profession of medicine have been surrounded by two lofty walls from the battlements of which the members and leaders of the profession could hurl down their scorn and wrath upon the intel-

ligence and the progressive spirit of the age—secure in their impregnable position and free from a just responsibility to the intelligence of mankind.

If I should say that innumerable crimes against humanity have been perpetrated in this strong-hold of power and bigotry, I should utter a solemn truth. If I should portray before your eyes the sea of blood which has been shed contrary to the dictates of science and humanity by this irresponsible profession—If I should enumerate the vast number of unnecessary and detrimental surgical operations—If I could calculate the immense number of constitutions ruined by poisonous drugs, more fatal than disease itself, I should give you but a faithful picture of the horrors of the profession in times past and present, which have led enlightened physicians to express a doubt whether the medical profession had not upon the whole been productive of more injury than benefit to mankind. But I would not bring up these charges in vindictive retribution against the deluded individuals by whom this mighty wrong to humanity has been accomplished. I am ever ready to repeat the prayer: "Father forgive them, they know not what they do." Blindly guided by authority and taught to follow antiquated teachers, individuals have been but the passive instruments of a vicious system like the subjects of a despotic government. We war not against individuals but against false systems and ancient wrongs.

We aim especially to demolish those fortifications within which the medical profession is protected from that democratic responsibility and that sympathy with the progressive intelligence of the age which is essential to its purity and its progress.

These fortifications are two—one for the science, and one for the profession. The science was protected from innovation or improvement by a despotic creed—enforced upon every member of the profession under penalty of professional excommunication, and if it could be enforced, his professional death. Every medical society and college of Europe and America was made a guardian of this creed, and their members were a standing police, to forbid all violation of its precepts, and to arrest or punish the offender. In addition to this, the majority of our state legislatures were seduced into the passage of restrictive laws, which placed the control of the whole profession in the hands of these societies and colleges, enabling them to determine who should or should not practice medicine, and thus prevent every heretical idea from stirring abroad under this crushing system.

It is laughable to think; that any body of men, should have supposed themselves capable of chaining down, by such contrivances, the giant intellect of Young America—and it was not a very difficult task for the pioneers of medical reform, to procure a repeal of these infamous laws in every state where this imposition had been attempted. But such is the infatuation of some,



who, like the old Bourbons in France, have learnt nothing and forgotten nothing in the progress of the age, that even at the last session of the legislature of Ohio, a bill was introduced by a physician to revive the restrictive system, and arrest the professional career of medical heretics. It was not a jest or a burlesque, for he declared that he was in earnest, and seriously intended what he professed.

It may be said that the first great fortification—the fortification of creeds, was demolished when we were enabled to establish, under authority of the legislature of Ohio, in this city, a medical college, and to summon the largest classes of the city into its halls, when, at the same time, about three thousand practitioners were enabled to go forth in independence, irrespective of the creed of the National Medical Association.

Of what does this medical freedom consist? Is it merely the freedom to have another creed—to take another step, and then determine upon a permanent stand? Do we propose merely to lay aside an orthodox creed and establish in its place an Eclectic creed of more rational character, and then enforce our creed upon all by the same power of combination and of party spirit—of professional censure and of professional opposition. If so, we have but changed the skin of the serpent, and the reptile still retains his venom. But this is not Eclectic Reform—our principles have been over and over avowed in our college circulars and lectures, in our national conventions, constitutions and addresses. Eclectic Reform is not a stationary but a progressive thing—its cardinal principle is to do all the good we can to suffering humanity, by the best means attainable, and to recognize the right of every other man to do the same, according to the best dictates of his conscientious judgment. We have no circumscribed pathological law—neither the Allopathic nor the Homœopathic law is the limit of our discretion. We are neither Antipaths, nor Homœopaths nor Allopaths, for we recognize all laws, and are therefore Pantopathic in the range of our therapeutics. We believe that a great amount of the fashionable Allopathic practice is salutary and proper—that valuable medical truths may be found in the writings of Homœopaths, Hydropaths, and all other medical sects, but we believe, above all, that a great deal of valuable therapeutic knowledge may be found in the doctrines and practice of Eclectic Medical Reformers, which cannot be found in the teachings of any other party in medicine.

Having thus broken down the walls of creeds, the other fortification remained. The profession was protected from the influence of public sentiment by the barriers opposed to the entrance of young men who were not supplied with the gifts of fortune, and who were not disposed to bow beneath the yoke of medical orthodoxy. In England, the long term of study, the familiarity with dead languages, which was demanded, and the heavy expen-

ses imposed, forbade all thought of medical study, except by those whose inherited wealth gave them a sympathy with the higher classes of society, and who in their long pupilage became the passive recipients of the whole mass of notions, theories and prejudices of their predecessors.

In our own country, the English system has been followed as closely as practicable, and the young men, whose inheritance was mind, instead of money, have found the profession beyond their reach—while those who had both money and mind, but had withal an unconquerable independence and love of worth—have been told explicitly in medical colleges, that unless they would surrender their free opinions and subscribe to the doctrines of the school, they could not be allowed to graduate as physicians.—Nay, worse than this. So fearful has medical orthodoxy become of its inevitable decay, having the premonitory symptoms of a fatal decline—that a new plan has been taken to perpetuate its power. It has begun in Edinburgh and is to be followed up with improvements in our own country. Students are required to bind themselves in the most solemn manner, never to deviate from the doctrines taught in the college from which they graduate—and I have been told that some have been placed under bonds, with heavy penalties, to secure their adhesion to the doctrine. In St. Louis, it is proposed to place the students under the control of the Faculty for life, by giving the latter the power at any time of expelling them from the regular profession, by withdrawing their diploma, and the same suggestion meets with approbation here.

While Medical Hunkerism is thus obeying its native instincts, running counter to the spirit of the age, and attempting, in the freest country in the world, to revive the spirit of the dark ages, and compel the young men of our country, to wear the collar of professional servitude, while it hurls anathemas against honorable and independent cultivators of science, to compel them to enter its ranks, and submit to an ignominious discipline. We are proud to say that the spirit of Medical Reform pursues the opposite course, and having already, by the great Protestant Reformation of the profession, thrown down the walls of dogmatic creeds, and given the human intellect freedom to depart from the high authorities, it now proceeds to demolish the last barrier between the profession and the people, by removing the onerous tax which has excluded so many meritorious young men from the ranks of the profession, and helped to continue the medical profession as a distinct class of men, with sympathies adverse to popular progress.

Our great political reform of 1776 has resulted in our most enlightened states, in rendering primary education free to the mass of the people, and our Medical Reform proposes, also, to render medical education so cheap, or free from expense, that a knowledge of the laws of health, and principles of medicine, may be made accessible to the whole community. It will be a great

era for our country when every citizen, being fully instructed in the laws of health and disease, we shall be enabled to guard against the inroads of epidemics—and cholera, yellow fever, small pox and other epidemics, may pass by and leave us unharmed.

Such is the glorious result to which this second era of medical freedom is tending. Creeds demolished—thought untrammelled in the discovery of new remedies and new laws of the human constitution—the entire intellect of the nation, provided with free access to the treasures of medical knowledge—and the profession filled with ardent devotees of improvement, while an enlightened community, by its vast sanitary reforms, in draining cities, in constructing dwellings, in regulating diet, clothing, air, water and exercise; shall attain health, prosperity, and a more perfect and beautiful manhood—nay, more than this. I look to a progressive increase of health, beauty and intellect, as the laws of life and descent are understood, which shall ultimately give the mass of mankind, that bodily vigor and intellectual power which at present belong only to distinguished men.

The initiative measure for the introduction of this new era of freedom and accelerated progress, is what has been called the free school movement of the Eclectic Medical Institute—the abolition of professors' fees, which have heretofore been so heavy a tax upon poor young men entering the profession. These professors' fees, furnishing in the most fashionable schools enormous revenues to the professors, have stimulated the cupidity of others, and filled the country with a number of insignificant medical schools, in some of which the grossest ignorance and incapacity, and in others the most narrow minded bigotry, diffused their miasmatic influences. As the multiplication of inferior schools has become, in the opinion of many, a public nuisance, it is hoped that this movement may tend to abate that evil, and concentrate in schools of higher character, a greater amount of talent.

The part that I have borne in the introduction of this new movement renders it proper that I should explain its motives and objects.

For several years the possibility of establishing a school free from expense as well as from bigotry has been one of my favorite schemes, and when at length the opportune moment arrived for the adoption of such a measure by the Eclectic Medical Institute, I did not hesitate to urge the patriotic movement upon my associates in this great enterprise. There was but little difficulty in securing its adoption. It was not with us as in schools where the attainment of a professor's salary is really the great end and aim of his exertions. The career of a reformer in any sphere of life, is not a career of wealth and luxury and popular applause, but one of toil and self-sacrifice.

When we undertake to stem the broad and deep current of fashionable error we must relinquish all hopes of ease. When we erect a banner of professional independence in defiance of a mighty organized host that fills all civilized countries, strengthened by the patronage of governments, and by vast accumulations of collegiate wealth and resources, we renounce the hope of those posts of honor or other just rewards to which we might have aspired, and expect to live like Marion's men in the Revolution, only in the narrow sphere protected by our own energy and courage.

Did we not owe great duties to mankind, were not great responsibilities thrown upon us from which there was no escape, we would gladly have abandoned the task of scientific reform to engage in the less laborious and more profitable pursuits which lead more speedily to wealth and honor. But as this great cause devolves upon us, and must stand or fall as we are faithful to our trust, we will not abandon our duty. The only questions concerning our Institute are not whether this or that course will be the most profitable, but whether it will be most conducive to the triumph of reform. We have decided to lay aside our professor's fees as an incumbrance to our reform; and we have done it with alacrity, as an army upon the march would resolve to burn all its baggage, however valuable, if necessary to its rapid progress.

We have therefore, young gentlemen, for your benefit and the benefit of mankind, made a bonfire of our fees and tickets; and we venture to hope, that whenever a great reform involving the welfare of mankind shall call upon you for any similar exertion or sacrifice you will be ready to make it with alacrity and pleasure.

Have we not accelerated our progress—was not our measure a wise one? Yes, gentlemen, look at the huge piles of brick and mortar, the grand architectural display of Cincinnati and Columbus, designed to attract medical students to the halls of orthodoxy, aided by all the zeal of public and private electioneering agencies; and look at their inadequate results compared with the crowded and overflowing halls of our Institute. Remember that seven or eight years ago medical reform had scarcely an existence in Cincinnati—remember that ten years since I presented in this city a great scientific reform—discoveries in physiology of the highest importance to mankind, filling up a vast deficiency in human knowledge—and that I sought in vain the attention of the leaders of the medical profession. And in vain, too, did *Morrow* demonstrate in private practice the superiority of a bloodless and sanative system of treatment. The truths we would present could find no audience in the atmosphere of medical despotism, among those who esteemed themselves dictators. But to-day the picture is changed—to-day I have the honor of propagating true science in the halls of a chartered college, and notwithstanding all opposition from four or five medical schools, a decided majority of all

the medical students of Cincinnati attend upon our lectures. And while I find our hall crowded to its utmost limits by intelligent young men, Professors who are venerable by their age and learning, but who scorn the whole movement of reform, are left almost in solitude. The venerable President of the National Medical Association, in whom the dignity and honor of the entire orthodox profession are represented, addresses with his colleagues a snug little class which might be accommodated on the sofas of a lady's parlor. Reform is henceforth triumphant in Cincinnati. This new movement brings in a new era, and if I should die to-morrow, should an inscription be carved on my tombstone, I should wish my agency in this movement placed on that record.

Here is the proper place for such a movement. He who travels around the globe will seldom find a spot more plainly stamped with the marks of coming greatness than this where we are now assembled. Here where the silvery bosom of *la belle riviere* lies glittering below the amphitheatre of hills which environ this valley: here where the morning mists hang over a valley of 120,000 human beings—filled with the hum of life and clang and clatter of machinery and surrounded on the neighboring heights by the softness of Indian summer, the varied hues of autumnal foliage, and the wealth of vine-clad hills—here where a vast and opulent commerce already finds its controlling centre—here the Spirit of Destiny sits brooding over the undeveloped energies of man and nature, preparing a mighty future for a metropolitan city of a continental republic.

In this home of creative industry and untrammelled enterprise, a nobler destiny and higher career may be opened to man—for the movement of humanity through the long cycle of ages is not in a monotonous circle nor in an uncertain aimless wandering, but rather is ever onward and upward rising on a gently inclined plane, which winds in spiral course until the uprising-present looks down perpendicularly upon the depths of the past.

Here will be the place for new and great movements to tell upon the happiness of coming ages—here will be the place to cut off the last remnants of ancient falsehoods and delusions—here is the place to infuse a new vitality into the profession of medicine. That profession which has ever been borne down by the dead weight of authority, antiquity and useless pedantic learning—that profession which rested in a *Rip Van Winkle* slumber for 1800 years from the death of Galen, and which has since been creeping along at a mere snail's pace, needs a complete emancipation from the tyranny of old dogmas and the overbearing pretensions of its dogmatic leaders, who would fain chain down the intellect of mankind as ancient kings were chained to the chariot wheels of their conquerors.

Here is the place for the Declaration of Independence. Not

among the aristocracies of Europe—not among a people surrounded by the spies of the police and the bayonets of two millions of mercenary soldiers—not in an order of society which is corrupted to the centre and decaying to its downfall—can the movement of emancipation be made. Not in a country where the humbler members of the profession look up with reverence to Royal Societies—and they look up, on bended knees, to the throne, or to my Lord Duke or Bishop, or a nobleman's eldest son, as the fountain of all honor—can authority be laid aside and truth worshipped for its own sake, nor can the reformation be effected in our own country by those who have carefully modelled themselves after these very faulty originals—who boast that the profession is a unit every where, and claim with pride a regular descent from Hippocrates and Galen, as though there were any thing honorable in the crudities, the ignorance, and superstition of the ancients, or as if the societies which warred against Harvey and Jenner, Gall and Spurzhiem, were proper models for an American physician. America has the honor of striking the first great blow for professional, as well as political freedom, and in our struggle for professional freedom and progress, this occasion—the commencement of our present session marks an important era.

The peculiar advantages now secured to you, young gentlemen, call for proportional exertions on your part—days and nights of toil are before you ; yet we have not spared our labor to prepare a clear and satisfactory course of instruction, and diminish your labor. Instead of studying years with a solitary physician and going into practice denounced as a quack, you have as *efficient* a course of instruction as Europe or America can afford and as honorable a diploma to sanction your professional career.

Anatomy, Chemistry, and Materia Medica have been taught in the Institute as thoroughly as anywhere in our country, and the Eclectic Materia Medica, you know, is more ample and valuable than that of any other school. In Physiology, you not only have its legitimate applications to medicine explained, but you obtain what you obtain nowhere else in the world—a knowledge of the physiological functions of the brain as related to the body. From the chairs of Surgery, Obstetrics and Practice you learn how to treat successfully a vast number of diseases which still baffle the skill of old-fashioned medicine. Indeed I could enumerate not less than fifty important discoveries and truths in medical science which revolutionize its whole character, any one of which, if properly presented to an enlightened public sentiment, might immortalize its author. To aid in the diffusion of these great truths is your glorious mission. I do not speak of them as problematical, for I do not think that any one who has thoroughly mastered our discoveries and improvements, has any doubt of their value. We hail you then, as our future brothers in this



great work—a work destined for the salvation of millions of lives—we believe that each of you may hereafter be instrumental in saving the lives of fifty human beings, who, but for his superior skill, would have perished under fashionable errors. Your peaceful and bloodless triumphs will justly entitle you to a higher honor than the military glory of the soldier who sustains our flag in battle, for in shielding your country from pestilence, you destroy no human life. Your lives are to be devoted to a noble work of benevolence, and when you have performed your part, you will justly be entitled to the lasting gratitude of your country.

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### HISTORY OF EUROPEAN MEDICAL SCIENCE\*

BY G. W. L. BICKLEY, M.D.

As interesting as may be the history of the healing art before its proper introduction into Europe after the revival of letters, no one would pretend to claim for it the deep and stirring interest which every American physician must feel in the various theories, which from time to time agitated the public mind in the country of our ancestors, to whom we are indebted for many of the most brilliant discoveries which have been made to bless or to curse mankind. Many of them, though grand and important, by abuse, have been reverted from blessings to the most fatal results to the race.

*Heavey's Discovery*, one of the grandest ever made, only increased the indiscriminate use of the lancet. The same might be said of many of the most valuable discoveries; but the object of the writer is to furnish an impartial and concise outline history of European medical science.

During the 10th and 11th centuries, when the Saracenic school of medicine was on its wane, Europe presented truly a gloomy aspect, promising very little, until the establishment of the Neapolitan schools of Monte Cassino and Salerno.

The Professors attached to the school at Salerno wrote a book of verses, entitled "*Medicina Salernitane*." Haller ascribes the production of these verses to John of Milan; but it is very likely that all the physicians attached to the school had more or less to do with them. They became much celebrated, and Arnoldus de Villanova wrote a commentary on them. Their chief value,

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\* This article, though treating of a definite period, is but a continuation of "Medicine Ideally and Really or Medicine in Review," by the same writer, in the 4th volume of the Eclectic Medical Journal.—[EDITORS.

however, consists in the perspicuity in which they are written, and for furnishing a correct history of the state of medicine at that day in Italy.

A remarkable man, Constantinus Africanus, about this time became attached to the school at Monte Cassino, under the following peculiar circumstances. He was, it appears, greatly wedded to science, and having studied at Bagdad, traveled to India in order to acquire more information upon his favorite subject. On returning to his native country, he made many innovations upon the simple system of his countrymen, who became enraged at his doctrines, and declared him a sorcerer. The populace were incensed against him, and in order to save his life he was compelled to take refuge in Italy. At that time, (beginning of the 12th century) the Arabic Language was most common in the scientific world, and Constantinus translated the writings of several of the Greek Physicians into Arabic. As a translator he did not give satisfaction, and as a writer, he was not sufficiently polished.

Arcturius, an officer in the court of Constantinople wrote several works, mostly, however, extracts from Galen, and the Arabian Physicians. He is said to be the first Greek Physician who mentioned the chemical medicines, of the Arabians. Acturius was literally a man of facts, and less bigoted or prejudiced than most of his contemporaries.

After the fall of the Spanish Saracenic school, an interval of three hundred years occurs, in which Europe was wrapped in the most degraded ignorance. The little information which was preserved, was to be found in the Monkish orders of the day; the members of which were grossly ignorant, and to subserve selfish ends, endeavored to keep mankind in the same state.

Where they adhered to any particular system in the treatment of disease, it was usually to that of Galen; much mixed up, however, with their own superstitions, magic and astrology.

The common mind was even more ignorant than that of the Monks; thus the priesthood wielded an unbounded influence over them. In many cases they operated so successfully on the imaginations of their patients, that their declarations and pretensions almost deserved a sanction. Yet in this strange power, the Physician of the 19th century, who has paid due attention to the laws of medical Psychology, sees nothing strange. He sees, in reality, nothing but the power of mind over organic matter. Many of the most noted articles of a chemical origin, now found in the *materia medica*, were discovered during the dark ages of which we have been speaking. The chemist of the dark ages, however, seems to have had but two objects in view, one of which was to obtain Gold from the baser metals; and the other to discover a medicine so universal in its action as to become a *catholicon* for all phases of disease.

These were two objects which could not, or have not yet been attained; but they became indirectly the promoters of the science of chemistry, as they induced research and investigation resulting, in a number of instances, in grand and useful discoveries.

I cannot persuade myself that the Alchemists of the period in question were the imposters which they have been represented to be. The science of chemistry is one of the most fascinating in the whole list, and whoever begins to unfold and reflect upon its beautiful laws must become enamored of its truths, and will therefore become more or less enthusiastic. What he asserted he could do, he believed would be done. Indeed, the writer is persuaded, few men can yield all their energies to the elucidation of a truth without at the same time becoming, to a certain degree, enthusiastic.

But to return to the school at Salerno, let us inquire why it was so celebrated. The answer to this question may be furnished in a few words. Its situation was the most favorable, being one of the most important outlets, from which the crusaders passed over into Asia from Europe. Noted individuals engaged in that expedition, and who chanced to be afflicted, were induced to stop and put themselves under the treatment of the Professors of the School. Where cures were effected, the utmost lavishes of praise were bestowed on the school by the recipients of its skill, until from one extremity of Europe to the other, the school at Salerno became known as an institution conducted by men of talent and skill. After its decline a few lectures were delivered, but they seem to have been only commentaries on Galen and Avicenna.

The first regular medical diplomas were given by the school at Salerno. The general diffusion of medical science in Europe, and especially the establishment of the Colleges at Bologna and Paris, tended to destroy the school at Salerno, which occurred in the 13th century.

It was not until the establishment of these Colleges (those of Bologna and Paris) that human anatomy received due attention. Previous to this time all knowledge of anatomy had been mostly derived from the dissection of animals.

The earliest dissection of the human subject is said to have been performed by Mondini, a professor in the College of Bologna, in 1315.

Soon after, Mondini published a work on Anatomy, which became deservedly popular, and was regarded as a standard work for more than three centuries.

In the early part of the 14th century, Gilbert Anglicanus of Britain wrote a Compend of Medicine, which considering the unfavorable circumstances under which he labored, is deserving of some credit. It is true that he has closely followed both Aristotle and Galen, but at the same time, he must have been a man

of letters or he could not have shown so much familiarity with the writings of the Greek and Arabic physicians.

(To be continued.)

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RANDOMINGS, NO. 1.

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BY P. JOHN, M. D.

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I have always loved reverie, and from the days of my "first recollection" have I indulged in it. I say I have always *loved* it—that dreamy style of thought, when free from all restraint, the mind roams like the gentle evening zephyr in whatsoever direction "it listeth." There is a liberty—a wild freedom about it which I do not conceive it possible for any one to *hate*, much less to despise. Analagous to this peculiar style of thought—this untrammelled roaming of mind—is one of *writing*. Its peculiarities are as distinctive as are those of reverie. I call it *randoming*. Well, having an introduction or preface, I go on. An hour ago I returned, physically exhausted, from a long wearying professional tour, visiting patients attacked with cholera morbus, dysentery, bilious typhus, and intermittant fever, hepatitis, rheumatism and anasarca. And of some of these I may have something to tell in time to come. I dropped down into my chair and hoped to obtain an hour's sleep; but no, a reverie steals over me. My mind, now at liberty, darts off at a tangent to scenes and associations connected with bygone days; my thoughts are back to the period when I was seated in my preceptor's office poring over the literature of Medicine, and my *pen* this "erratic quill," moved by *some* impulse is already in the rear recording—what? That which follows.

When I began the study of medicine I was taught to believe the healthy or physiological condition of the human system to be, that state where "all the different tissues and organs of the body were sound, unobstructed and unwearied," and where the *living principle* had free action through each and every one according to the degree it was designed to sustain. This condition of the system I was told was *Health*.

*Disease* I was taught to believe, was *vice versa*—was the *inability* of any organ or organs to perform their duty or natural office. These doctrines appeared rational, and I embraced them as the *truth*. But when I began Therapeutics and the Practice of Medicine, and was told that "Poisons in general are good medicines," (Barton) and that "the most active in small doses form the most valuable" (Hooper); and when I was told that *these* and the lancet, with other powerful means of depletion were

resorted to in the *treatment* of disease—were actually used by those whose mission should be

“Go *heal* the sick—go *cure* the blind,”

I was surprised and disgusted. My “common sense” would not receive them as compatible with what I had been taught respecting disease. How could I? when I was taught and believed it to be *inability*—a *deficiency* of *vital strength*, and when I was told that *poisons*, “notwithstanding the various modes of their action, and the difference in many of their symptoms, they all agree in the *sudden and rapid extinction* of a great proportion of the *vitality of the system*”—that they “act in a *noxious manner* on the vital properties or the texture of an organ—(Prof. Dunglison.)

I well remember the first author on Practice that I read, viz., Prof. Eberle, with Notes by Prof. McClellen; and then I learned that the “sheet anchors,” the main dependent remedies of Allopaths were Calomel, “the great regulator of all the secretions,” as Prof. Harrison of the Ohio Medical College styled it; the *Lancet*, the great “anti-inflammatory agent;” and Opium, “the ‘magnum die donum’ of the *Materia Medica*.” *Calomel*, the *Lancet*, and *Opium*—articles “inimical to the human constitution” for the curing of the sick! Poisoning, depletion, and narcotism for the changing of a pathological back to a physiological condition!

“———Oh strange!  
But true and *fatal*.”

These revelations, or the knowledge of these facts, disgusted me with medical practice as taught and recommended by the “Authorities.” I had believed with Drs. Gregory, Bigelow and Hays, that the “object of medical science (was) is to prevent and cure disease.” But when I examined still further, I could scarce refrain from believing with Dr. Abercrombie that it was “the art of conjecturing,” the “science of guessing.” Nor could I marvel why Rush exclaimed “We have assisted in multiplying disease; we have done more, we have increased their mortality.” For thought I, what else could a rational mind expect or anticipate from remedial (?) agents such as these?

Oh many have begun the study of medicine with the most exalted motives and brightest hopes—with a generous enthusiasm of becoming benefactors of the race, but alas; on opening their volumes on Practice, like me, they have been ready almost to close them forever, and exclaim

“Well, if this is *Physic*, I’ll none of it.  
Breathe not its name—let it live in th’ shade.”

I wanted something demonstrative and *positive*—something philosophical and rational; nor was I satisfied with anything short of it. The conclusion of a certain distinguished Professor, that “we do not reason in medicine as we do on other subjects,” appeared to me as a “scape-goat” for ignorance; for, that if the

same rational common sense reasoning applied to other subjects did not to medicine, it was not a *science*—it was not true. For the life of me I could not gulph down the proposition that “as disease is an unnatural condition, it must be met with an unnatural remedy.” I could not avoid exercising my own reasoning and reflective faculties, and the result was the total rejection of all such superlative absurdity. I could never be an Allopath; that was out of the question.

But hearken!—who’s calling? Upon my word, ’tis Richard G—n. “Hard run.” Quill, there is rest for thee, but tired brain and body

“Weary—weary grown,”

there is none for you.

*Millville, Pa., Ninth Mo., 28th, 1852.*

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#### MILK SICKNESS.

BY J. A. WILLIAMS, M.D.

I have selected this Western epidemic as the subject of an essay, not for the purpose of obtruding upon your readers my own notions upon the subject, but for the purpose of eliciting enquiry in relation to it; a subject in which the public mind is absorbed in localities where it prevails. That the name which forms the caption of this article is a correct one for the disease, which I am going to describe, I shall not at present stop to enquire, but that there is a disease which in some localities has been almost unfortunately fatal, and which the public mind has by common consent affixed the above name, is a point I believe, conceded by all parties.

I shall in the first place give a description of the symptoms as I myself have observed and felt them, merely premising that stock running in districts supposed to be infected with a specific poison, have the same assemblage of symptoms which are observed in the human subject except those cattle which give milk, and in these, the whole force of the poison appears to be concentrated in the milk, so that whatever partake of the milk or butter of such cattle contracts the disease; this assemblage of symptoms in the brute subject is called the slows. The symptoms in the human subject may be divided into two divisions, those that indicate that the individual has received the poison, this period may properly be called the stage of inception, and those which indicate that the disease is present in all its power, they are almost the same, however, differing in degree only. In the first place the individual is languid, feels feeble, and is unable or dis-



inclined to make any exertion of body or mind, his bowels are in a torpid condition, his appetite variable, he feels trembly and weak and complains of being stiff in his limbs, and if he defers taking food beyond his regular hour or any considerable exertion is made, he feels sick at the stomach, and his heart at times palpitates violently. This state of things may exist for a considerable length of time, according to some, for months, but in my observation, these symptoms have not existed for more than ten days or two weeks before nature established her sway, or the disease came on in all its power. It is important that these symptoms be observed, and proper course of remedial treatment be established during their continuance, when the symptoms are comparatively subdued with ease.

When the disease is once firmly established in the system these symptoms are greatly aggravated, the individual is seized with violent and long continued nausea and vomiting, faintness and prostration, the features become pinched, the surface and extremities are below the natural temperature, sometimes cold and clammy, great distress and anxiety are depicted upon the countenance, and the patient is prone to give way to melancholy forebodings. The bowels are almost universally constipated, the pulse at the wrist is usually below its natural volume and frequency, while the heart and large arteries throb with violence, the tongue is but slightly changed from its natural appearance, the breathing is like that of one laboring under the influence of a powerful and prostrating emetic.

No pain or tenderness can be perceived in the stomach on pressure, but the patient complains of persisting burning sensation in the epigastric region, the vomiting does not appear to be aggravated by anything taken into the stomach, either solid or fluid, and the most powerful cathartic fails to have any effect; injections may almost be ranked the same as cathartics when administered before the stomach is quieted. The patient is at all times tossing the arms about, and towards the fatal termination of the malady can hardly be kept in bed, he is nearly all the time in a partially comatose condition, but easily roused, and almost his only reply when asked a question in reference to his present condition is that he is "so sick." He will also at times complain of wandering pains in the limbs. The quantity of matter ejected by vomiting is enormous, and in some cases the vomiting continues until death closes the scene.

The prognosis of the disease, in almost every instance, is easy if the vomiting subsides, if the bowels are freely moved, if the surface and extremities become warm, if the patient ceases to complain of the burning sensation in the epigastric region, and if the heart and large arteries cease to beat violently, then the prognosis will be favorable. But if the converse of this obtain, if the vomiting continues or increases, if nothing removes the

obstinate constipation, if a cold clammy sweat breaks out on the surface and extremities, if the patient's thirst is not moderated, or if he requires a variety of changes in his drinks, then death will be apt to claim another victim.

The duration of the disease is various, in general from five to fifteen days passes before death ensues or convalescence is established; but the disease is apt to become chronic, and may harass the patient for six months; especially is this the case if a proper course of treatment be not established at once.

A few words now with regard to the cause before I pass to the more important part, the treatment. Some practitioners class it as a malarious fever, while others regard it as caused by eating the milk, butter or flesh of cattle running at large in infected districts. What the original cause is, none are prepared to say. My own opinion, as before hinted at, is that it is referable to the latter cause, for the following reasons:—First, in all the cases that have fallen within the range of my observation, it could be traced very readily to the eating of the flesh, milk, or butter of animals ruminating at large in infected districts; and in no case could it possibly be traced to an animal origin where cattle ran on tame pasture. Second, it occurs only in regions of country where animals are subject to the slows, which I consider to be essentially the same disease. Third, it occurs in certain regions of country, while others hard by are exempt. and while malarious fevers occur in both with comparatively the same severity. And fourthly, in all instances where persons have been attacked with some of the premonitory symptoms, and have ceased to use the milk or butter of their cattle, they have regained their usual health; and when these cattle have died, their carcasses have given the disease to all animals partaking of it. These reasons are conclusive to my mind, but one person may have indirect evidence enough to establish any one fact in his own mind, while he cannot convince another that it is actually so. What the original cause is, or in what it consists, I am not prepared to say; but as long as the subject remains in doubt it becomes no one to say positively the cause is or is not vegetable, mineral, or aerial poison. It is certainly true that animals feeding on lands infected at certain seasons and under certain circumstances, will be attacked with this disease; but this does not prove it is of vegetable origin. Nor does the fact that this disease pervades generally or immediately after a long drought, prove that it is of mineral origin or in the water.

There is a great deal of empiricism connected with this disease it being confounded frequently with Bilious vomit, Gastritis, and other kindred diseases; and by this means a great many lives are sacrificed by a wrong course of medication; in fact some two or three physicians of my acquaintance have made the attempt to found a reputation upon the treatment of this disease,

and have signally failed; but such things must needs be, for in the words of Dr. Leschar, "there appears to be a strange disposition in the great majority of men, to hanker after that which is not in the natural course of things. The every day occurrences of life move them not; but let something appear which to them is incomprehensible, then all is wonder and amazement!"

The treatment of this affection has in times past, and also in the present time, been subject to many modifications, in order to suit some preconceived view of the *modus operandi* of the poison; all however, is fast settling down to the belief that the *Sampson* of the *Materia Medica* could fulfill all the indications that might possibly arise; the idea is, the stomach had to be quieted by some means before anything more could be done for the relief of the patient, and the only way to do this was to give a settler of calomel; if this was thrown up, give more and keep repeating the dose until the stomach was quieted, or the patient dead. If this latter was the case, he died scientifically, and nothing on earth could have saved him. God save the people from such a course of medication.

A great many had correct notions of the disease, but there was either negligence or ignorance of the proper means of relief. In order to be successful in the treatment, each individual case must be separately and minutely investigated, and this will hardly fail to lead to correct views of practice. If any complications arise, they must be treated upon general principles.

The disease being evidently one of congestion and the diseased action chiefly concentrated upon the heart and stomach, the first indication to fulfil is to relieve the congestion, and equalize the circulation; the second indication is to relieve the obstinate constipation, and the third indication is to restore the tone and strength of the system. To meet the first indication I commence with the use of stimulants, brandy if it is to be had, if not, common dilute Alcohol will answer, not restricting myself as to quantity, but give it until the desired effect is produced, which is a cessation of the nausea and vomiting, and an increase of the vigor of the pulse, and it will be found that as these effects are produced the heart and large arteries will not throb as violently as they did before. Together with the use of stimulants, a strong mustard plaster, applied to the whole epigastric region, will be productive of some service; and a few drops of *Tinct. Opii* combined with the stimulants, has been productive of some good. My main reliance, however, is on the stimulants; stimulating pedeluvia is also an advantage. This course I keep up until the stomach is quieted.

After the stomach is quieted, and not before, the following combination is to be given. Podophyllin, one grain, Leptandrin, two grains, Capsicum, three grains, to be repeated every four hours until the bowels are moved, which is usually the case in from

twelve to sixteen hours. With this cathartic I commonly use stimulating injections; Castor-oil, three tablespoonfuls, Molasses, twice this quantity, and Spirits of Turpentine, one tablespoonful; this injection to be repeated one hour after each dose of the above cathartic. Now, this is considerable stimulus to be giving all the time, but cathartics without the stimulants would arouse the nausea and vomiting, which it is desirable to avoid as much as possible.

The podophyllin in the above prescription, and also the leptandrin is in lieu of calomel which I formerly used, and I have found it to be much better and to act with more certainty; this course must be persevered in until all the symptoms are ameliorated.

The patient being now convalescent, nothing more remains to be done but to follow up the treatment above recommended by a tonic course; this course must be based upon the same general principles that guides our course in the treatment of the disease before convalescence is established. Stimulation must be kept up and catharsis must be maintained regularly in connection with the tonics. For the purpose of producing all these effects by one combination, I have found the following prescription to be almost all that was desired: pulv. Cinchona one oz.,\* pulv. Rhubarb one oz., sulph. Quinine fifteen grains, dilute alcohol one pint, with oil of Peppermint enough to cover the taste. This preparation is to be given in doses of a tablespoonful five times a day. This would give the patient an appetite, restore his strength and keep his bowels in regular order, with just enough stimulation to prevent any return of the disease. In some cases in which the above preparation did not agree with the stomach, the Restorative Wine Bitters was of benefit, and at the same time two anti-dyspeptic pills were given at bed time.—The tincture of *Ptelia Trifoliata* in connection with one grain of podophyllin at night has resulted well as a tonic in the hands of some of my neighboring practitioners; but having no experience in its use myself, I cannot say anything in its favor, the above mentioned prescription answering all reasonable expectations in my hands. The patient should guard himself against a relapse; a very slight error in food or drink being sufficient to reproduce the disease. He must avoid all articles of diet of an oily nature, and restrict his diet to that of the very lightest character for at least two weeks, and drink nothing but weak coffee, tea or pure water.

This much have I said of this disease, being considerably more than I at first intended, for the purpose of eliciting facts from other and better sources. The fact that it prevails extensively in certain parts of our Western country; and in most parts that

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\* We should think the cinchona might be safely omitted in this prescription, the quinine answering the purpose, and which would thus lessen the quantity of the dose, a matter of some importance to the patient. N.

I am acquainted with, it is attended with acknowledged fatality, should stimulate all having any experience in it, to investigate it closely, and if in the course of our investigations we should gain facts enough to justify our claim to a more successful practice, let us give the results to the world, and let them impartially investigate and adopt or reject as they may think best.

*Berlin, Ind., Oct., 1852.*

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### ACUTE VAGINITIS.

BY C. H. CLEVELAND, M.D.

The writer, having recently been called upon to treat some cases of non-contagious, acute inflammation of the vagina, has been led to examine the writings of several authors on this disease, and not being fully satisfied with the treatment recommended by them, has thought best to ask of the readers of the Journal, that they give each other the benefit of their observations on this painful and somewhat rare form of disease.

The books say that Acute Vaginitis, which arises independent of contagion, and is not produced by violence, as by rape, is a very rare disease. The *causes* are said to be cold, excessive coition, exertion too soon after delivery, high living, or inflammation spreading internally from the externals.

In addition to the above, and in accordance with the observation of the writer, Scarlatina and Erysipelas may be added to the list, as more frequent causes of the *acute* form of the disease, than either of the preceding.

Excessive coition or exertion too soon after delivery frequently produce the subacute variety, while they very seldom indeed, induce that form at present under consideration.

*Symptoms.* Usually the first thing that attracts attention, is a peculiar distressing itching of the vulva, accompanied with a feeling of warmth on urinating, and a sense of heat and soreness or tenderness in the vagina. Very soon these symptoms increase in violence, when then, are added, a sense of smarting, of tightness, or swelling, and frequently of weight, or even a bearing down of the uterus; and also, at times, a sensation of pain extending down the limbs.

In most cases, there is no discharge from the vagina, during the first two or three days, but after that time, there is usually, a flow, more or less profuse, of a thin, acrid, colorless, or reddish fluid, that, in a short time, is changed in color and consistency similar to cream, or bluish, frequently streaked with red. Sometimes there is a discharge from the first, but in those cases the inflammation does not appear to be as intense as in the cases, when, during the earlier period there is none. After the segre-

tion has become changed to a puriform color and thickness, the intensity of the pain gradually abates, while frequently the amount of discharge is greatly increased.

In addition to these local symptoms, the general system is liable to suffer, when rigors, loss of appetite, thirst, sleeplessness, and a general depression of nervous energy, are liable to occur, together with a quick pulse and a dry, dark tongue. These general symptoms, as well as the local ones, abate as the discharge appears.

The *appearances on examination*, are:—at the commencement of the attack, the lining membrane of the vagina, is found to be dry, swollen, and quite hot, as well as tender. Soon it is swollen and puffy, and still dry, but not as hot or as tender as at first, and usually there is no appearance of rupture of the lining membrane, or of ulceration. It is very seldom that the neck of the uterus is found involved to any considerable extent in the disease, at this stage, although it may become so later. After the discharge is fully established, the swelling and heat, as well as tenderness, subside, but, not unfrequently, can there be found spots, or rather stripes, where the lining of the vagina has been folded upon itself—that have become ulcerated, and these spaces are exceedingly tender upon touch.

The *terminations* of the disease, are either a complete resolution;—a gradual subsidence of the symptoms until the disease assumes the *chronic* form, that may continue for an indefinite period; or, in rare cases, there may be adhesions, or a narrowing of the calibre of the vaginal canal.

In regard to *diagnosis*; there can be but *one* difficulty, if the physician will but do his duty to his patient and himself, by insisting upon an early examination. That difficulty consists in being able to decide upon the contagiousness or non-contagiousness of the character of the disease; and in regard to that matter, the practitioner must be guided by the appearance of the parts as viewed through the speculum—by the moral character and standing of the patient—by the condition of the urethra, which seldom is involved in this disease, while it *generally* is in inflammations caused by contagions, by the condition of the glands of the groin, by inoculation, if the disease is persistent, and by the progress of the disease. The practitioner, while he draws his conclusions from the state of the urethra and the inguinal glands, should not fall into the error of supposing that *all* inflammations of these parts are produced by contagion, for such is not the fact. The writer has seen the glands inflamed, and having the appearance of the genuine bubo, in a person who had been confined to his room for months from exostosis, and who had never indulged in sexual intercourse, yet endeavored to relieve the tedium of his confinement by masturbation. He has also seen those glands in a state of intense inflammation from the absorption of matter, in the

disease under consideration. But this state of the glands is rare, and where there are not other guides in forming an opinion, if the inguinal glands are inflamed, and there is a discharge from the urethra, there are certainly strong grounds for suspicion at least.

*Treatment.*—In this disease the physician cannot be too prompt in his endeavors to put a stop at once to the disease. True, the attack *may* assume a mild form, and the patient recover *without* treatment; and she *may*, if not treated properly, be caused to suffer for a long period of time.

A hip bath should be prescribed at once, together with frequent injections of some astringent and anodyne wash, as the watery solution of opium, or morphine, and any of the vegetable astringents. Care should be taken, however, not to make use of washes of too astringent a nature at first, lest the external or exhalent vessels be constricted, the secretion dried up, and a state of congestion produced. The patient should rigidly maintain a recumbent position, as otherwise the blood-vessels would be filled by the power of gravitation; and fomentations should be constantly applied to the vulva and the lower part of the back.

As the walls of the vagina become swollen it forms into folds or ridges, that press upon each other and greatly increase the irritation and distress. To guard against this, a bougie formed of soft linen, of ten or twelve lines in diameter, and of sufficient length, smeared with a mild, unirritating ointment, should be passed into the vagina; there to remain constantly, except when the syringe is being used. Of course this will need to be changed quite frequently, or whenever it has become saturated with the secretions.

In addition to the above local treatment, the bowels should be kept loose by the use of injections of tepid or cool water, the secretions from the skin and kidneys kept up by the use of mild sudorifics and diuretics, and the nervous system quieted by means of the *Clematis Vitalba*, *Scutellaria Lateriflora*, or other non-stimulating nervines.

The diet should be spare, and stimulants or even tonics, must be used, if used at all, with the greatest caution.

By the use of the means above indicated, most cases of this disease can be speedily cured; but there are those, owing probably to some peculiarity of the constitution, that will baffle the skill of the physician, and slide into a chronic form, which requires a greatly modified method of medication.

Cases might be detailed, but as they would add nothing to aid as guides in treatment, it is thought best to omit them.

Waterbury, Vt., Nov. 1852.

## THE SENECIO GRACILIS IN UTERINE DIFFICULTIES.

BY GEORGE BURNS, M. D.

During the short period of time which I have devoted to the practice of medicine, my confidence has been repeatedly strengthened in the efficacy of the Life-root—(*Senecio gracilis*) as a uterine specific of great power and certainty. I have prescribed it in the various forms of menstrual disturbance, Leucorrhœa and suppression of the Lochia, with unvarying success. The fact that the article is unknown to a majority of the medical profession, and substituted frequently among Eclectics, by less efficient agents, has induced me to venture a recommendation of its more extended application in the treatment of female diseases.

I cannot better recommend the *Sen. Grac.*, as a uterine specific, than by enumerating a few of the cases in which I have prescribed it; and in which it has given perfect and complete relief.

*Case first.*—My first resort to this article was in Cincinnati, while attending the medical lectures in that city. A lady of my acquaintance had been afflicted for eight weeks with Menorrhagia of a formidable character. A profuse discharge of the menstrual fluid had continued during all this period, without intermission. At the time she solicited my advice, she was extremely nervous and irritable, and becoming daily more and more debilitated. — She was now forty-three years old—approaching the turn of life—of course giving the case a more critical nature. Her case, I was informed, had already baffled the skill of two physicians.

I commenced the treatment by warm pedeluvia, and washing the whole body in an alkaline solution, every evening, accompanied by copious draughts of life root tea morning and evening.— In three days the menorrhagic flow had entirely ceased; and a subsequent tonic and restorative course of medication restored health and vigor to the system; and when I left the city, the catamenia was regular and normal.

*Case 2nd.*—Shortly after my arrival in Tennessee, I was consulted by a lady who had been suffering more or less from Leucorrhœa for two years, without deriving any appreciable benefit from medical measures. Her countenance was pale and anxious, her extremities habitually cold, and she was frequently subject to fits of hysterics. My treatment was similar to that described above. The Leucorrhœa ceased in a few days, and a tonic course of treatment, in which the carbonate of iron played a conspicuous part, soon restored the ruddy blush to the blanched and sickly cheek. The halo of happiness and gaiety to the countenance, and vigor and sprightliness to the whole system.

*Case 3d.*—Having attended a lady in her first confinement,



and discharged her the third day after delivery, in that condition usually designated by the phrase "doing as well as could be expected;" I was called upon seven or eight days subsequently to visit her again. I ascertained that she had, contrary to my directions exposed herself by going out early in the morning on the wet grass, and getting her feet damp. The consequence was a suppression of the lochia. She was suffering with severe head ache, occasional paroxysms of dizziness, aching of the limbs, a flushed countenance and excited pulse. I prescribed warm pedeluvia and the free use of life-root tea. In less than twenty-four hours the lochia was restored, and all the unpleasant symptoms vanished.

*Case 4th.*—On reaching the bedside of a female patient, to whom I was called about eight o'clock in the evening, I learned the following history of the case. About ten days previously the patient had miscarried, it being the sixteenth of utero-gestation. She had been in feeble health for several months, and at the time of her miscarriage was under the care of one of these ignorant country "grovies," who by their superstitious quackery, so often deal death and misery among the poorer classes—the over penurious, and the foolishly fastidious—and to use the empirical accoucher's words, she "had had a mighty bad time of it." She had been copiously bled several times, and the husband remarked that a few days ago they had taken a pint of "very bad blood." The evening on which I was called she had alarmed the friends by several severe spasms in rapid succession. I found her whole surface covered with a cool, clammy perspiration, with a small and rapid pulse, irregular twitching of the muscles on the right side, and a low muttering delirium. Her countenance was pale and cadaverous, and eyes inexpressive. The lochial discharge had become entirely suppressed, and the bowels were torpid.

*Treatment.*—I had the feet bathed in hot water, and the whole body washed in an alkaline solution. Gave a dose of anti-bilious powder, and prescribed 20 drops of the sat. tinct. *Macrotys racemosa* in the tea of *cypripedium* every two hours, not having with me any life-root. On calling again next day, I found the patient laboring under decided typhoid symptoms; low muttering, delirium and picking of the bed clothes, with a pulse not less than 110 and extremely small. The extremities were cold, and the lochia unrestored. I had the feet bathed effectually in hot water and sinapisms applied to the feet and ankles. I directed the free use of gracilis tea during the whole night, and until the lochia should again show itself. This course, exchanging the sinapisms for hot stones, douched with water and applied to the lower limbs, was kept up for twenty-four hours, when the lochia made its appearance and the formidable symptoms abated.

Such, however, was the shock maintained by the nervous system, that a vigilant course of restorative medication was neces-

sary to reinstate the patient in health, the details of which it would be unnecessary to give.

*Montezuma, Ten , Nov. 5th, 1852.*

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## PART II---MISCELLANEOUS SELECTIONS.

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### THE PREVALENCE OF MASTURBATION, AND ITS INFLUENCE ON HEALTH.

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I have long wished to learn the results of the observations of other members of the profession on the subjects named at the head of this article, and perhaps I can in no way arrive at those results so surely as by offering a few of the fruits of my own experience in that regard.

The fact that many unprincipled quacks, in the cities and elsewhere, are fattening upon the fears of those who have unfortunately become victims to the folly of self-pollution, is no good reason why we should remain inattentive or silent upon a matter of this vast importance; and I am at times led to fear that many persons are at last driven to apply for aid to those who style themselves "advertising physicians," only because their medical advisers either have not suspected the cause of the applicant's illness, or through false delicacy have neglected speaking out plainly, and given the cautions and warnings the case demanded.

That the habit of self-pollution is, unhappily, very prevalent must be obvious to all who have given the least attention to the subject, and that it cannot be indulged in without great detriment to health, must be admitted by all; yet how seldom do we find it even alluded to by contributors to our medical periodicals, or treated of in the more formidable *books* upon diseases and their causes.

When a lad of not more than ten or twelve years of age, I knew two boys, older by some years than myself, who were at great pains in *teaching* the practice to others, and both of them, ere they were twenty years of age, died of what their physicians styled the *liver complaint*; and several others among my mates at school, who had adopted the practice at their suggestion, suffered during the time I knew them from general ill health no doubt induced by the habit. Probably I should not have then observed these facts had they not been carefully presented to my notice by my father. During my attendance at the school I still observed that of those who were said to suffer from too close application to their studies, many of them at least were guilty of

this vice, and I then thought *it*, and not their studiousness, the source of their pale cheeks and unsteady nerves, as well as of the *dyspepsia* from which so many students *then* suffered.

While in the office of my preceptor, several young friends returned from their first quarter's attendance at a noted academy, with their health so impaired, that their parents were in doubt if it would be proper for them again to resume their studies, but I gave to one a copy of "Graham's Lectures to Young Men," which he and his mates read, who then told me that it was *not* over-application to their books which had injured them. They abandoned this habit, which had fastened itself upon them all, and with its abandonment they recovered their health and resumed their attendance at the academy.

I had not long been in the practice of medicine before I was fully confirmed in the opinion that I had not previously learned a moiety of the fearful truth, as *then* I could with propriety make enquiries and learn the facts that I had before found some difficulty in obtaining; and by my freedom in explaining the *cause* to those who were afflicted with derangements of the system thus produced, I obtained the confidence and learned the private history of many who had carefully guarded their secret from the knowledge of their nearest friends.

By reading the reports of those who have the care of convicts in prisons, and of the insane in the asylums, I have become more and more confirmed in the opinion that this habit is fearfully common and terribly destructive to the health of the people, but more especially the youth of our land, and particularly those of them who are congregated in the schools and the colleges.

To avoid unduly prolonging this paper, I shall not adduce all the evidence in support of the opinion advanced, or make lengthy extracts from the reports alluded to above, but confine myself to simply one or two paragraphs contained in the "Eighth Annual Report of the State Lunatic Asylum of the State of New York." Dr. Benedict says:

"Masturbation, as a very fruitful cause of insanity, deserves especial attention. Fifty-cases, admitted during the past year, *we attribute to this cause, and we believe this to be less than the actual number!* Many of these cases had been addicted to this horrid vice from their youth and even childhood, by which their mental and physical strength was insidiously debilitated, and insanity slowly induced.

"In addition to those fifty-five whose insanity is attributed to this cause, five others were admitted during the year, insane from other causes, and forty-seven of those remaining in the institution at the close of last year, were addicted to *this vice, making* one hundred and seven masturbators out of eight hundred and sixteen cases! The practice is often freely confessed and vigorously resisted. One patient, in his zeal to conquer the habit,

subjected himself to severe torture. Another performed on himself a painful surgical operation. In the male sex the habit is not difficult of detection; in the female it is more successfully concealed. The shy, timid, down-cast countenance, combined with a debilitated physique, with relaxed tissues and varicose veins, arouse our suspicions. In some females the effect is the development of the cellular and adipose tissues, and gay and voluptuous manners; and in others debility and emaciation."

Dr. Woodward also made frequent allusions to this vice in his reports, and I think published a little manual for popular reading, to stay the plague in its destructive progress.

Dr. Benedict's remark that this habit is sometimes practiced from childhood, brings to my mind that in two instances I have noticed the *nurse* trying to produce excitation of the genitals in children under three years of age, and, in repeated instances, boys so young as to wear frocks and skirts have I seen busily engaged in the same manner. In one family, at one time, I saw three boys, the eldest not more than seven, all thus engaged, and when I mentioned it to their father, he said he had also frequently observed them thus employed, and he thought it an indication of a promise of *great manhood*, and worthy of encouragement; yet he was by no means deficient in common sense or common intelligence. Others, with whom I have conversed on this subject, have expressed similar opinions, and were, at least, *willing* that the sexual desire should be stimulated and encouraged in their children previous to adolescence. And others again, who understood and regretted the evil influence of the unnatural passion, have said that *they* could do nothing to stay its progress, and have begged me to enlighten them and their children.

To indicate how little is known by some, at least, of the profession, I will refer to a few of the many cases that have fallen under my observation.

In 1845, I was called to a neighboring town to see Mr. ———, who had been several years out of health, so much so as to be unable to attend to his business or perform any active labor, and had then become so far reduced that neither his friends or himself had any expectation that he would continue to live more than a few weeks at the farthest. He was very much emaciated, sallow, stooping and tottering in his gait, and although not over thirty-two years of age, he had the look of a man of sixty. He had been under the care of several physicians, two of whom are justly celebrated for their professional attainments. He had been treated for the derangement of the liver and spleen, for dyspepsia, and spinal irritation and inflammation, and rheumatism, as well as sciatica; and was now being medicated for consumption; both the physician and family supposing him sure to die of a pulmonary affection.

When I first saw the patient, he was in his arm chair, and

wore a loose wrapper with no under-clothing but his shirt, as he told me the friction of drawers or pantaloons had frequently produced seminal emissions, and he had endeavored to avoid repetition by wearing only a loose dress. His nerves were so easily excited that he avoided seeing or meeting his nearest friends and neighbors, and a visit from a physician he dreaded beyond his power of expressing. His own family passed into his room as seldom as possible, and with the noiselessness of a cat yet the jar of the floor or of the furniture would sometimes cause intolerable anguish.

He had lost all hope, and all desire to live, and only wished to be allowed to pass undisturbed to the long-wished-for grave. In short, the physical and mental powers were nearly destroyed, and the animal propensity had completely obtained the mastery over him.

I gradually and with great caution approached the subject, and after once overcoming his timidity and reserve, he gave me a complete history of himself as his debilitated condition would allow. Before I left him, I had succeeded in inspiring him with a small amount of hope and confidence that he might again be restored to usefulness and happiness.

I saw him afterwards three times, at intervals of about a week between each visit, and then he had so far recovered that I continued the treatment by correspondence, and after the space of about four months I saw him at his work, so far recovered that he could ride about and see to his farm, and then nearly free from seminal weakness.

Not long since, I wrote him and I received a letter in reply, part of which I transcribe, as giving a concise history up to the present time. He wrote :—

“As to the habit I now know by the name of masturbation, was one I formed whilst very young. I can recollect it as far back as from ten to twelve years of age, and one I obtained by associating with boys of *my age* and older; those, too, of respectable parents, particularly those of our beloved minister, one who is remembered with love and respect wherever he goes. Little were they aware, I think, of the facts of the case at the time, the future bearings upon their family; and little were we boys aware of the consequences or tendencies following.

“I will not attempt to speak farther for others, but for myself will say that the habit followed me until I arrived nearly at the age of twenty-eight years, varying, however, somewhat in frequency. I cannot now describe its various effects upon my system; I was usually able to be in business, but found I was unable to perform very hard labor, was not aware of the cause, thought sometimes it might not be right, but thought afterwards there was no great harm in it.

“When I was near twenty-eight years of age, I was married.

n found myself laboring under a morbid inclination, I think as result of the former habit, the indulgence in which, and involuntary evacuations, in process of time brought me where you find me.

Soon after I was married I made application to a physician, who told I had the *liver complaint*, commenced taking blue pill, codroot, &c. Then I had an attack of the *sciatica*; finally, they told I had got the *spinal complaint*;—cupped, blistered, dosed enough to have killed any living being, except man, till circumstances finally placed me under your treatment, the first which seemed to give me any relief.

There is one thing more I wish to name, that is, that I was reduced so low as to be obliged to occupy a bed alone, and of course abstain from sexual intercourse entirely, which I did for nearly two years, and to this I attribute, as the great cause, my recovery. I do not think, however, that this, without the change in my medical treatment, or without appropriate medical treatment, as low I was, would ever have restored me; neither do I think that all medical treatment in the world would have restored me without that. But I do think if I had done that when I first applied to a physician, if I had *then* been advised to that, and persevered in it, I should have needed but very little medicine. There are no more things I could tell you if I could see you, but I cannot all write them.

If what I have written will be of any service to the suffering, it will amply repay me, and afford me satisfaction in the thought that I have been instrumental in doing something to alleviate suffering."

Of the above letter I have omitted some portions of a private nature, but nothing essential to this matter. This writer has uttered the common sentiment of all who have suffered from this vicious habit;—namely, a wish that others may be warned of similar errors.

Last year, in July, I was called in consultation, to see a young man eighteen or nineteen years of age, who had for near two weeks been confined to his bed with what his physician styled a *typhus* fever. He had been bled and purged, as well as treated freely, and had taken several emetics, yet the fever and delirium continued, as well as the pain and heat in the back of the head, and in the loins, which had been a prominent symptom from the first. The patient was very restless and irritable, and, what was particularly noticeable, would frequently stand to be left entirely alone. From the last as well as the former symptoms I was led to suspect masturbation as the cause of his illness, and was not long in obtaining proof of the correctness of the suspicion. I then stated the fact, and explained its tendency to the mother of the young man, and engaged her cooperation in endeavoring to overcome the evil. However, in

spite of her vigilance, and that of his father, he would frequently indulge his passions, and it was only by keeping some one *constantly* by him, and watching him, that he was so far controlled as in a degree to recover his health. *This day* I have seen him, and he says he has been unable to labor any this summer, and his present medical attendant warns him that he is to die of *consumption*. His suffused and downcast eye, and wandering, embarrassed appearance when the condition of his health is alluded to, points to a source far from the lungs as the *origin* of his present ill health.

In December last I was called in the evening to see a young man of about the same age as the former, who had that day, while in school, been taken with a pain in the head, that led him to leave the school-room for his home. On his arrival at home he complained of great pain in the occipital region, and through the back and loins, accompanied with great prostration of strength. A physician had been called to him, who bled the patient and had administered a cathartic. The arm continued to bleed until evening, when he became comatose, with cold extremities and a slight frothing at the mouth. At this period, the aforementioned physician being absent from town, I was called to see him. I found him with such a rigid, spasmodic condition of the muscles of the throat, that I could not cause him to swallow anything, and was obliged to resort to injections. By using those of a stimulating nature, and by applying croton oil to the rectum, aided by external applications, I soon roused him so that he drank freely of ginger tea, and was soon bathed in a free perspiration, and his bowels were thoroughly evacuated, and ere morning he felt quite comfortable, when I again resigned him to his former physician.

From some motions of his hands while he was deranged, as well as from the seat of the cephalic pain, and an inspection of the genital organs, I became convinced that self-pollution was the cause of these difficulties, and imparted my views to the physician and to the man in whose family the young man resided. I also learned that during the previous summer he had been noticed to have a strange, shy and wild look, and that he could not be induced to converse with the female members of the family in which he resided but would ever shun their presence. It had required much persuasion to induce him to commence attending the district school, which he had done a few days previous to this illness, and since he had attended the school he had been still more shy and wild in his looks than usual, and had demanded to sleep in a room by himself. My views were ridiculed as being totally unfounded, by the physician, who said he would do well after a few days if he could subdue the *fever*. In four or five days from the morning on which I left him, he was in his grave, and from two of his most intimate associates I learned facts that more than confirmed my suspicions; for he had told them that to sit in the room with the female scholars produced a degree of sexual excitement beyond his control.

In April last I was consulted by a man in regard to the health of his son, who had been failing in health for the two past years, and no one had given a satisfactory cause for this derangement of his health, or made prescriptions that had benefitted him. On seeing the young man, I made a bottle of syrup, and placing in his hand a copy of "Graham's Lecture," I desired him to call again in a few days. He did so, and told me he was *then* fully satisfied in regard to the origin of his difficulties, and would cooperate for their removal. Now he is able to do considerable work, and seems in a fair way of becoming a strong and healthy man. At his second visit, he mentioned to a school-mate of his who was then confined to his bed, and had been for weeks for *sciatic rheumatism*, as his physician styled the disease, for which he had been blistered and bled until his recovery appeared more than doubtful. At my request he visited the young man, who then declined being further treated for his rheumatic complaints, but refrained from longer indulgence in self-pollution, and soon the pain and lameness in his hips disappeared and he gradually regained his health. I might fill pages with reports of similar cases, when the friends and medical attendant had apparently no suspicion of the true cause of the derangement of health when produced by masturbation, but with the remark that during the past four years there has been no week in which I have not had patients under treatment for this habit, I will dismiss this part of the subject.

It is hardly necessary to dwell upon the influence of this habit on the health of its victims, after what has previously been said, yet there is one point that well deserves a little more attention.

The frequency of lumbar pains and of sciatic neuralgia, both in the male and the female youth, have emphatically pointed to a *common* origin; and that origin, I *know*, in many instances, to have been the indulgence of this habit; for as the habit was discontinued, the pain was no longer felt, and when I have addressed my enquiries to this point, as I almost invariably do of late, I have been told that a cramp, or a *stitch*, as it is called, in the back or in the hip or the thigh, not unfrequently accompanies the act, and at times the pain thus produced has been so severe as to preclude the continuance of the indulgence for days.

Besides the local difficulty here noted, there are many nervous pains induced by the same habit, and patients are able to trace the effect as an immediate result of the act. The whole mental and physical powers are severely taxed in the consummation of the act, nearly every muscle and nerve being put more or less upon the stretch, and the relaxation of the entire system at its consummation, and the attendant fatigue and lassitude both of mind and body, attest in language not to be mistaken that the effort, the labor, cannot often be repeated and endured with impunity.



In regard to *treatment* I shall say but little, as it must be apparent that each individual case must be managed according to its own features and peculiarities. As tonics are indicated in most instances, as well as nervines, I have been in the habit of giving the *ferri ferrocyanas* in powder, both for the tonic of the metal and the anodyne properties of the acid, and on account of their happy combination I have come to value this preparation over all others of a similar nature. With this I am accustomed to combine the *lupulin*, and if there be any inflammation of the mucous lining of the bladder or the urethra, (and this state of the parts is seldom wanting,) I also add *cubeba pulv.* A powder composed of the above, with a little Turkey rhubarb, if there be costiveness of the bowels, will generally ensure a quiet night's rest, especially if the patient is careful to take a free sponging of the entire body and limbs with cold water previous to retiring to his couch. Of course I prohibit the use of feather beds, and an *entire, absolute* abstinence from indulgence in the habit, or in sexual intercourse.—This, with such modifications, and such general treatment as the individual case may demand, will ultimately insure a recovery, except in those cases where the long indulgence has so far prostrated the energy and action of the system, that there can be no hope.—*New Hampshire Journal of Medicine.*

*Waterbury, Vt., September, 1851.*

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IODINE INJECTIONS IN ASCITES. By M. BOINET.—Notices have from time to time appeared in the French journals upon the treatment of ascites by iodine injections, some of which we have transferred to our pages. The chief advocate of the practice is M. Boinet, who has published a long memoir on the subject, (*Gazette Medicale*) the completion of which has recently appeared. In this concluding paper a *resume* of his experience is given, from which it appears that he has performed the operation in thirteen cases, eleven of which were successful. No injurious consequences followed the injection in any instance, if we may believe the reports; and one injection was generally sufficient. The deductions with which the author concludes his memoir are these:—1. That various fluids may be injected into the peritoneum without danger, and with manifest benefit, in the treatment of ascites. 2. That, of these various fluids, the tincture of iodine is indisputably the best, of which an abstract is given in the *Archives Generale*.—*Dublin Medical Press.*

## ON THE OIL OF GRAIN SPIRIT, OR FUSIL OIL.

BY EDWARD N. KENT, ESQ.

The oil of grain spirit has recently attracted considerable attention from the fact of its being the basis of a number of artificial perfumes or essences, one of which has been extensively used under the name of banana or pear essence.

The crude oil, as is well known, consists principally of hydrated oxyde of amyl, mixed with more or less alcohol, and small quantities of other substances, the nature of which is not generally known, though it has been asserted that œnanthic acid may be found among them. To obtain the latter articles was a desired object, and that which led to the subject of this paper.

Crude fusil oil, (or the oil of grain spirit) when distilled in a glass retort, commences to pass over about 190° Fahrenheit, and considerable portion is obtained below 212; which consists mostly of alcohol and water, with a small quantity of the hydrated oxide of amyl. By changing the receiver and continuing the operation to about 280°, a large product is obtained, consisting principally of hydrated oxide of amyl, but contaminated with a little alcohol and water, and a trace of less volatile oil, which may be found in larger quantity in the residue remaining in the retort. This residue is small, of an agreeable odor, and consists of several substances among which may be found, an oil having the intoxicating smell, but not the chemical properties of œnanthic ether, other than a similarity in its boiling point.

To obtain a more perfect separation of the substances contained in the crude oil, a small copper still was constructed, on the principle which is now so successfully used in the manufacture of high proof alcohol, and which proved highly useful for the above purpose. This still is so arranged, that the vapor which is evolved by the boiling liquid, passes through a series of bent tubes, each of which is connected with a return pipe for returning vapors less volatile than boiling water, back to the still. These tubes are enclosed in a copper funnel filled with cold water, which becomes heated as the operation proceeds, and finally boils; the less volatile vapors are thus prevented from passing over, and the alcohol and water are almost perfectly separated from the oil remaining in the still. If the water is then drawn off from the vessel containing the serpentine tube, the distillation may be continued till it ceases spontaneously.

The product thus obtained, when rectified from a little dry caustic potash to remove coloring matter and acetic and valerianic acid, and again rectified from dry quick lime to remove water, gives pure hydrated oxide of amyl.

The residue left in the copper still is most easily obtained by

distillation with water, containing a little carbonate of soda to neutralize free the acids contained in it. A small quantity of a yellow oil is thus obtained, having an agreeable vinous odor similar to œnanthic, but unlike that ether it yields fusel oil, instead of alcohol, when distilled repeatedly from caustic potash. It is consequently an *amyl* compound, while œnanthic ether is known to be the œnanthate of oxide of *ethyl*e.

The residue remaining in the still after the above distillation with water, consists of acetic and valerianic acids in combination with the soda, and the solution holds in suspension a considerable quantity of hydrated oxide of iron, which formerly existed in combination with the acids.

From the above statement it appears that crude fusil oil contains the following substances, viz:—

Alcohol,  
Water,  
Hydrated oxide of amyl,  
Acetic acid,  
Valerianic acid,  
Oxide of iron.

And an amyl compound, analogous to œnanthic ether.—*New York Journal of Medicine*, December 1852.

#### SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

REVIVING THE DEAD — Mantaccini, the famous charlatan of Paris, was a young man of good family, and having in a few years squandered a large estate, and reduced himself to beggary, he felt that he must exercise his ingenuity or starve. In this state of mind he cast his eyes round the various devices which save from indigence, and are most favored by fortune. He soon perceived that charlatanism was that on which this blind benefactress lavished her favors with most pleasure, and in the greatest abundance. An adroit and loquacious domestic was the only remaining article of all his former grandeur; he dressed him up in gold-laced livery, mounted a splendid chariot and started on the tour under the name, style and title, of "the celebrated Dr. Mantaccini, who cures all diseases with a single touch or a simple look.

Not finding that he obtained as much practice as his daring genius anticipated, he determined to resort to still higher flights. He left Paris, and modestly announced himself at Lyons as "the celebrated Dr. Mantaccini, who revives the dead at will." To remove all doubt, he declared that in fifteen days he would go

to the common church-yard, and restore to life its inhabitants though buried for ten years. This declaration excited a general rumor and murmur against the doctor, who not in the least disconcerted, applied to the magistrate, and requested that he might be put under guard to prevent his escape, until he should perform his undertaking. The proposition inspired the greatest confidence, and the whole city came to consult the clever empiric, and purchase his *baume de vie*. His consultations were most numerous, and he received large sums of money. At length the famous day approached, and the doctor's valet fearing for his shoulders, began to manifest signs of uneasiness. "You know nothing of mankind," said the quack to his servant, "be quiet." Scarcely had he spoken these words, when the following letter was presented to him from a rich citizen :—"Sir, the great operation you are going to perform, has broken my rest. I have a wife buried for some time, who was a fury, and I am unhappy enough already without her resurrection. In the name of Heaven do not make the experiment. I will give you fifty louis to keep your secret to yourself." In an instant after two dashing beaux arrived, who, with the most earnest supplications entreated him not to raise their old father, formerly the greatest miser in the city, as, in such an event, they would be reduced to the most deplorable indigence. They offered him a fee of fifty louis, but the doctor shook his head in doubtful compliance. Scarcely had they retired, when a young widow, on the eve of matrimony, threw herself at the feet of the quack, and, with sobs and sighs, implored his mercy. In short, from morn till night, the doctor received letters, visits, presents, fees, to an excess, which absolutely overwhelmed him. The minds of the citizens were differently and violently agitated, some by fear, and others by curiosity, so that the chief magistrate of the city waited upon the doctor, and said, "Sir, I have not the least doubt, from my experience of your rare talents, that you will be able to accomplish the resurrection in our church-yard the day after to-morrow, according to your promise; but I pray you to observe that our city is in the utmost uproar and confusion; and to consider the dreadful revolution the success of your experiment must produce in every family; I entreat you, therefore, not to attempt it, but to go away, and thus restore the tranquility of the city. In justice, however, to your rare and divine talents, I shall give you an attestation, in due form, under our seal, that you can *revive* the dead, and that it was our own fault we were not eye-witnesses of your power." This certificate was duly signed and delivered, and Dr. Mantaccini left Lyons for other cities to work new miracles. In a short time he returned to Paris, loaded with gold, where he laughed at the popular credulity.—*Physic and Physician.*

### ALCHEMISTIC CURE—SINGULAR FACTS.

BY PROF. I. M. COMINGS.

In former communications for the Reformer, we have advocated the application of electrical medication under the various names of Psychology, Mesmerism, Mental Alchemy, &c. Some of the notions we have advanced may be novel to the readers of the Journal, and they may express doubts of their truth, and consider them visionary and impracticable; but we only ask a fair trial, and close investigation, to substantiate the philosophy of the views we have advanced.

We find them in the strictest sense, in perfect harmony with the Reformed notions which we have so long advocated, and we can but consider them as a powerful auxiliary to the medical practitioner, in the treatment and cure of disease.

The human body is a most delicately constructed electro-magnetic machine, and there can be no doubt, but a great variety of the forms of disease which afflict the human race, will ultimately be found to originate in some derangement of this vital principle, which seems to govern all mental, as well as physical action of the system. Some persons are more susceptible of alchemistic or electrical influence than others, while every human being, is more or less, controlled by this power.

It has lately been asserted by some scientific men, that there are a few individuals who cannot sleep sound at night, or gain but little rest, unless the head is directed to the North, and the feet to the South; without this position, while recumbent, they cannot be free from nervous disorders. The reason assigned for this, is, that both the head and the earth may harmonize, that there are magnetic currents constantly passing round the earth, and as the human body is a magnet, when it is placed in certain relations to the earth, these currents harmonize, and when in other positions they conflict; hence, the head must be towards the North pole.

It is, indeed, true, that there are some persons, so sensitive to electrical influence, that they cannot sleep, except with the head towards the North, for the moment they lie extended East or West, or in any other position, they immediately fall into various nervous disorders, and when they assume this electrical position, these symptoms soon vanish, if they are not too deeply impressed upon the constitution. All sensitive persons have been found to be more refreshed by sleep when their heads point due North.

In proof of the above ideas, we lately noticed some remarks in the Phrenological Journal, extracted from a work by the celebrated Reichenback; it seems, that he commenced a series of researches, and instituted some experiments, to ascertain the ac-

tion of magnets upon the human system. He found that magnets, capable of supporting about ten pounds, if drawn downwards without contact over the body, would produce certain marked sensations, in a certain proportion of individuals. Occasionally, in twenty persons, three or four were found who were sensitive to the influence, and in one instance out of twenty-two young ladies who were subjected to experiments, no less than eighteen felt more or less sensibly the passage of the magnet.

Females, children, somnambulists, and persons laboring under convulsive and other nervous diseases, were generally found most susceptible to these influences, though occasionally vigorous and healthy men and women in the prime of life, were found more or less, impressible. The sensations produced are described as being generally rather disagreeable than pleasant, combined with a slight feeling, either of cold or warmth, resembling a cool or gentle warm breath of air. Sometimes they feel sensations of drawing, pricking or creeping, and some complain of sudden attacks of headach, &c.

M. Schuk, a scientific gentleman, who assisted Reichenbach in his experiments, had contracted the singular habit of regularly turning himself in bed every morning when he awoke, so as to place his head where his feet had been during the night, after which, he always went to sleep again. This sleep was always more refreshing to him than all the preceding night. Subsequent experiments and observations proved that positions in reference to the magnetic meridian, had still more decided effects upon those cataleptics and other sensitive persons, on whom he experimented.

These facts are worthy the closest scrutiny, and we have thrown them out for the consideration of our readers, that our Reformed Practitioners may be on the watch for phenomena of this character.

Since writing the above, we have received a letter from a young lady who lives twenty miles from this city, where we casually passed a night; she writes as follows:

"You recollect the evening you called at our residence, I had a severe pain in my side and back; I have suffered with it more or less for five or six years. You recollect you made several passes over the seat of the pain, and from that day to this, (three months since) I have never felt the least pain. At the time you tried the experiment, I had not the least faith, or belief, that the least good would result from so simple a process, but now my faith is strong—I have performed various kinds of labor, which before, I could not do without suffering the most excruciating pains, and now these kind of efforts are made with perfect ease."

In this case, we found this young lady naturally in the reactive state, and confidently told her, that she never need suffer pain as long as she lived; and this, we firmly believe is the case with

every one who can be psychologically impressed. How much pain and suffering can thus be relieved by the practice of this simple process.—*S. B. M. Journal.*

*Manchester, Mass., August, 1852.*

### THE "OBSTETRICAL SUPPORTER" IN CASES OF LABOR.

BY C. H. CLEVELAND, M. D.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a late number of the *Journal*, you ask for information in regard to the practical utility of "Einch & Blaisdell's Obstetrical Supporter." Within the past three years, I have used it quite frequently in my practice, and, without endeavoring to pen an extended article, I will endeavor to convey to your readers some general idea of it and its advantages.

The supporter consists, essentially, of a pad, to be placed upon the loins, and upper portion of the sacrum, or where the patient desires pressure, when in labor. To this, are attached straps that buckle in front of the shoulders, and prevent its falling, or slipping too low down upon the hips. At each end of this back pad, are rings, through which pass straps terminating in a loop through which the feet pass, and are supported as in a stirrup. At about as low as the knee, in these straps, are rings through which other straps are buckled for the hands to grasp, to give support to them.

The part of the apparatus above described, when in use, acts as follows:—When the pains of labor are felt, the patient is inclined to push with her feet, and draw with her hands; and let her position be either the recumbent upon her side, or her back, or the sitting, either upon a chair, or the edge of a bed, the pressure upon the loop of the strap with her feet, brings the back pad firmly against the place where her back requires support, and, without the aid of an assistant, the back, the feet, and the hands, are at once supported as long as the pain continues. As that passes away, the muscles of the patient are relaxed, and she is at once relieved of the pressure until the return of another pain.

The more prominent advantages of this part of the apparatus are, entire and certain support for the hands, feet and back, in whatever position the patient may be in, when the pains come on, and an entire freedom from pressure when the pain ceases; and the relief it gives to the attendant women, who are not called upon for the usual severe physical efforts they are required to make when the supporter is not used. Another great advantage is derived from its use in hot weather, as then the patient is not surrounded with attendants whose breath and presence usual

add greatly to her heat and discomfort. *With* the supporter, she needs but *one* person besides the physician, and she only to fan her, give her drinks, &c.; while *without* it, she would perhaps give employ to two or three, who must be constantly near her.

In addition to the above, there is an *abdominal pad*, which is so arranged, that it can be applied to the lower part of the abdomen, where the child is too low to elevate it to its proper position, or directly in front, or to the upper part of the abdominal protuberance if a downward pressure is desired. This can be drawn as firmly against the abdomen as may be desired, and either fastened thus, or attached to the straps which support the feet, so that additional pressure will be given by the feet at each pain. With all these advantages, the woman is *not* confined so but she has the perfect use of her limbs, and can lie down, sit, stand or walk, as well while wearing the supporter, as she otherwise could do.

During the present week, I was called to attend a young woman in labor with her second child. She is a large, muscular woman, and capable of great physical effort. Some months since, she felt a pain in the lower part of the abdomen just above the symphysis pubis, and the pain and tenderness continued to increase up to the day of confinement. There was nothing unusual about the labor, at first, except the pains were quite hard, and the distress was mostly felt at the old seat of tenderness.—As the head of the child descended to the lower pelvic strait, the membranes gave way, and the amniotic fluid was discharged, and immediately the patient complained of severe *tearing* pains in front. After two or three additional pains, and after the discharge of all the water, she said the distress in that region was beyond endurance. On passing my hand over the abdomen externally, I found that part, where the pain had been felt, very tender, and protruding a globular tumor of the size of a two-quart measure. Fearing a rupture of the uterus, I applied the abdominal pad of the supporter firmly over the protrusion, and proceeded at once to extract the child with the forceps. From appearances at that time, and subsequently, there was no doubt in the mind of those present, or in the mind of a physician who examined the case a few hours afterward, that the only thing which could be done to prevent a rupture of the uterus, was the timely application of the abdominal pad, and the extraction of the *fœtus*. From the time when the protrusion occurred, until the woman was delivered, could not have been more than three minutes, but during that short space she says she suffered more from the peculiar pain she felt in front, than from all the pains of her former and present labors combined.

In ordinary easy labors, it may not be desirable, in all cases, to apply the supporter; but in hot weather, in all protracted, or severe cases, and especially in those cases where the back or the abdomen require unusual support, I think this apparatus will give entire satisfaction to all who make a trial of it.

*Waterbury, Vt., Oct. 16, 1852.*



## RESPIRATION—TREATMENT OF THE CHOLERA.

*To Samuel A. Cartwright, M.D., of New Orleans.*

DEAR SIR:—Since you have done me the honor to address me through this medium, it seems but the natural dictate of respect and gratitude that I should reply in the same manner.

Again the cholera still prevails. This morning's papers state, that there have been fifteen deaths in New York during the past week ; and I wish by writing to you through a public journal to call attention to the facts developed in your researches and mine. The same regard to human life prompts me to this course which induced me, in 1849, to publish a work on "Respiration and its Effects, more especially in relation to Asiatic Cholera, and other Sinking Diseases," in which it was shown that many witnesses, most of whom may now be produced if required, were, and they now are, ready to testify to a sudden restoration from what had before been regarded as the last and fatal stage of that dreaded malady ; and that these restorations were effected without medicine. The patients were saved by faith in the teachings dictated by the truths of which you, Sir, have, with me, been the advocate and expounder, and by following their faith with corresponding works of their own. Thus, by the vigorous use of the organs of voluntary respiration—accession of air and position being regarded—they cleared their air-passages of irrespirable gas, and drew in the oxygen which re-kindled at the lungs the warming fires of life. This gave to the checked blood its accustomed flow ; exciting the heart to renew its functional movement, and almost instantaneously rounding out the pinched and collapsed features of cholera ; and substituting for the pale violet hue of the face, at first the dark purple of the venous blood, and then the bright roseate tinge of the arterial, with answering returns of strength and health.

The announcement of these cures was made only a few months after the nation, by the direction of its chief magistrate, had held a day of fasting and prayer, that the Almighty would be pleased to withdraw this terrible scourge ; but still it was rife in the land. Why was this announcement received so coldly by the medical world ? Why did the editor of a neighboring journal of medicine, after promising to give me a few pages of his periodical for the publication of such extracts from my work as I should choose to make—why did he, when I drew out and sent him the extracts, treat me with the rudeness to break his promise, without even making me any apology ? I suppose it must have been because he and other medical men did not believe the truths which I published. Now I wish to recall this subject to their minds.—You have shown to the world, by the ever-memorable experiment

of the resuscitated alligator, *how* the admission of fresh air operates to rekindle the fire of life, and set its clogged wheels in motion. And will not mankind now open their eyes to see and understand, that while life remains, and the animal organism is unimpaired, the individual may better introduce the needed air into his own lungs, than the operator force it into those of a breathless alligator.

But it may be said alligators are not human beings. Go, then, unbeliever, to the chamber, where a father in his agony stands beside the pale, still body of his expired child. Mark in his countenance the struggle and the noble victory, by which prejudice succumbs to parental affection. Mark his active exertions; and see, that little bosom heaves, and the lips part with a convulsive gasp! O for a painter who could delineate that scene; who could throw the brightness of hope and joy over the dark ground of despair, as then they were shining upon the father's face! Bring this scene before you, and then ask yourself—if Dr. Ely could resuscitate his infant of six months old, after he had actually expired with cholera, why could not I, if attacked with the same disease, cure myself by the vigorous use of my own voluntary muscles of respiration? And as to the "little orator," William Francis Ely, I hope he may live to follow the noble profession to which you, Sir, have done so much honor, and to teach, both in principle and in practice, the truth, to which he will learn that, under God, he owed his infant life.

Most respectfully your friend and servant,

Troy, N. Y., Sept. 18, 1852.

EMMA WILLARD.

—*Botanical Med. and Surg. Journal.*

#### ON THE TREATMENT OF FACIAL NEURALGIA.

M. Cazenave informs us (*Revue Medico-Chirurgicale*), that he has had marked success in removing the pains of hemicrania and facial Neuralgia by means of the following pomade:—

Pure Chloroform, dr. iv.

Cyanide of Potassium, dr. iijss.

Auxunge, oz. iij.

Wax sufficient to give consistence.

M. Cazenave professes to have tried the cyanide of potassium alone, without any benefit, and therefore concludes that it is in this particular combination which is so valuable. The mode of using it is to rub ointment, the size of a pigeon's egg, into the scalp, and after which the head is to be covered with an oiled-silk cap. The inunction is to be repeated according to circumstances. In facial neuralgia it is rubbed in over the affected nerve.—*Provincial Medical and Surgical Journal.*

**PROFUSE SALIVATION AND SLOUGHING, CAUSED BY THREE SMALL DOSES OF MERCURY.**

BY ROBERT HARPER, M. R. C. S., L. S. A., LONDON.

W. W——, aged eleven years, a delicate boy, was attacked in the early part of last month (November,) with fever, for which he was treated in the usual manner, namely, salines, anti-moniales, &c., followed by wine and other support, and under which he greatly improved. The bowels, however, being in a torpid state, mild aperients, with mercury and chalk, were administered, when required. Although, only three grains of this mercurial were given, one of six grains on the 14th, a similar dose on the 17th, and four grains on the 20th; and most profuse salivation followed, the salivary glands and features becoming swollen to an enormous size, the saliva flowing constantly away, and the breath having the fœtid mercurial odour. Port wine, arrow-root, good beef tea, in fact all the support that could be got down, was given, and lotions employed to the mouth; but nothing would stop its fearful ravages: sloughing commenced in both cheeks, and rapidly extended thro' them; that on the right cheek was not larger than a shilling, but on the left side it extended from one third across the lips backward to the edge of the great masseter muscle, and from the malar bone to the lower edge of the inferior maxilla; it presented a frightful appearance, the whole of the teeth on that side being exposed. Everything that could suggest itself was done for the poor boy, but all was of no avail, and he died four days after the commencement of the sloughing.—*London Lancet.*

**DISCOVERY OF NATURAL GAS.**—We find in the American Artisan the following statement:—

“As is very generally known, says the *Fredonia Censor*, our village has been, for a long time, lighted by natural gas, which issues at certain places spontaneously from fissures in the underlying strata of rock. The supply, however, has hitherto proved insufficient for the demand. On Thursday afternoon last, while a workman was engaged in drilling for a further supply of water in the well at the Johnson House, a fissure was reached, from which, on the withdrawal of the drill, a large and constant current of gas issued with much force through the water. Upon placing a funnel over the jet, and applying a candle, the gas ignited, throwing a column of flame to the top of the well, near twenty feet, and burning the man severely. Up to the present time, the gas continues to issue unfailingly, and it is the intention of the proprietors of the hotel to apply it to immediate use in lighting their building.”

## PART III.—EDITORIAL.

**FISTULA IN ANO.** *Its divisions—Reasons why the knife so rarely cures it, and why bad consequences are apt to follow this treatment. True principles of cure.*—Fistula in ano is an ulcer situated in the neighborhood of the anus, having a long canal or duct, from which is discharged a continual amount of pus; it generally commences with a swelling, at first hard and accompanied with severe pain, and inflammation, but gradually proceeding to suppuration. In many cases, however, the patient is not aware that there is any disease existing, until the canal is formed, and pus discharged.

As the terminations of the canals or sinuses of fistula vary in different persons, there have been three divisions of the disease recognized by surgeons, based upon these variations, thus: 1. When the pipe or canal does not extend into the rectum, but terminates in an external orifice, it is called *blind external fistula*, or *external incomplete fistula*; 2. When the pipe terminates internally into the rectum, having no external orifice or termination, it is called *blind internal fistula*, or *internal incomplete fistula*; 3. When the canal terminates in an orifice both externally and internally, being connected with both the cutaneous surface and the rectum, it is called *complete fistula*.

Among the causes of this disease, the most common is habitual constipation; indeed, in the major portion of those cases which have presented themselves for treatment, I have been able to trace a connection between this disease as the effect, and constipation as the cause, accompanied with torpor of the liver, and resulting either in hemorrhoidal tumors, or a debilitated condition of the vessels of the lower part of the body, either of which may occasion fistulous ulceration, if permitted to continue for a length of time without proper attention. Sometimes, inflammation about the anus, of an erysipelatous character, will produce the disease, especially if neglected or improperly treated.

The peculiarity of a fistulous sinus is, that to whichever of the three divisions above named it may belong, its walls, throughout its whole extent, present a callosity, or induration, which is extremely sensitive to the touch, and from which issues a constant secretion of thin, yellow pus. There may also be one or several of these pipes, terminating at various points, and communicating with each other, but whether one or many, the same morbid condition will be found to exist in each.

In the treatment of fistula, two modes have been adopted—one with an operation, the other without. Among those physicians who style themselves “old school,” or “regular,” the knife is almost invariably resorted to, and which not only fails of performing a permanent cure, but often occasions more serious results than would have ensued from allowing the disease to continue its course. Yet we are pleased to say, that even among this class of physicians, there are many who have no confidence in this treatment, and among them we may refer to “McClelland’s Surgery,” a standard allopathic work, the author of which,

instead of recommending the knife, as do nearly all other writers on surgery, acknowledges his inability to effect a cure of fistula, by omitting any mention of the disease in his book.

The operation by the knife, is usually performed as follows:—A gun shot probe is passed into the rectum to the point opposite the internal orifice of the pipe;—a blunt pointed bistoury is also passed through the ulcer, until its blunt end comes in contact with the probe. Then, with a finger passed within the rectum to govern the probe and bistoury, the latter is drawn down, cutting as it advances, the flesh, intestine, and sphincter muscle, which regulates the function of defecation.

This is the treatment recognized and pursued by the most eminent surgeons of the present day—a treatment which rarely produces a cure, but more often leaves the patient in a worse condition than before the operation. And why? Why cannot a cure be effected by the knife? Let us examine: as stated above, the fistulous pipe throughout its whole length, is surrounded with a hard, callous wall, morbidly tender to the slightest touch, and which produces and maintains an inactive condition of the parts, not only interfering with a salutary healing process, but likewise tending to an enlargement, extension, and branching of the canal.

Now, the object of those surgeons who cut for this disease, is to excite adhesive inflammation, and which they consider all-sufficient to remove the induration, heal the ulcer, and restore the parts to healthy activity. But when we reflect on the character of the disease, and the non-success of such treatment, we can see at once the cause of their failure, as well as the true indications of cure. Unless the operation by the knife can convert the indurated ulcer into a simple or healthy ulcer, failure must inevitably follow; and that it does not effect this result we have ample evidence. A temporary inflammation ensues, which produces a slight influence upon the condition of the part, not sufficient, however, to remove the callosity, or make any extensive normal change, and which, as it subsides, leaves the patient in a more distressing condition than before the treatment. The sphincter muscle, which surrounds and controls the movements and functions of the anus, having been divided by the operation, loses its contractile influence over that orifice, and the patient is rendered utterly unable to retain the contents of his bowels, a disgusting condition which renders life to him any thing but desirable. And should there become an adhesion of the separate portions of the muscle, it never recovers its original power of contraction, but remains in a weakened condition, of a very disagreeable character, and presenting an impediment to the perfect enjoyment of life.

The true principle of treatment for an effectual and permanent cure of fistula in ano, is the application of such means as will remove the callous walls; thereby converting the irritable, unhealthy, or indurated ulcer, into a simple or healthy one; in consequence of which, the pipe readily closes, and a cure is the result. Experience has taught us, that from the obstinate character of the fistulous callosity, some time is required for a successful treatment of this disease; and where it is very irritable, some degree of pain will accompany the

treatment; but this is not invariable. True, the operation with the knife has the advantage of but little pain and the dispatch in treatment, but the patient runs the risk of the above-named difficulties and inconveniences; while on the other hand, with the eclectic treatment, the advantage lies in the *certainly and permanency of cure*, and the avoidance of loathsome mutilations, calculated powerfully to interfere with the pleasures of earthly existence. [See Eclectic Surgery for treatment.]

O. E. N.

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**ELECTIC COLLEGES.**—From information received, the Colleges at Syracuse and Philadelphia are well attended this winter. The Botanical Medical School at Macon, Ga., and Memphis, Tenn., have large classes also.

There appears to be at this time a deeper feeling manifested upon the subject of Medical Reform, than ever existed before. The progress of the age demands it, and nothing can arrest its onward march. While the Allopathic schools throughout this country have closed their colleges against females who wish to become acquainted with the profession, the Eclectic schools throw open their halls to all seekers after truth and medical knowledge.

And while in this State they have appointed examiners in every Congressional District, whose duty it shall be to give permits to young men who wish to study Medicine, before they can be admitted into the office of any "*regular physician*" as students, we hold that each man should be his own free agent in such matters, and never allow himself to be the slave of any such men or schools, but be his own conscience-keeper.

While they are endeavoring to convince young men that the teachers in the various colleges should do all the thinking for such students, we believe that no man should become an automaton to gratify the whim of such self-inflated greatness, even at the peril of losing his diploma. But if any intelligent man will so far compromise his dignity and independence of mind as to swear to any College, the Faculty of which may take from him his degree of M. D., as soon as he may depart from the teachings of, or investigate any subject which may by them be thought heterodoxical, he should not be regarded as fit to act for himself, much less discharge the duties the community claim of him, but should be considered a fit subject for the tender mercies of some kind guardian.

Shame be upon any cause which is so far antiquated as to be compelled to resort to such practices, for they belong to the dark ages. Yet some may claim that all this is in keeping with their teachings. If so, we have nothing more to say. As this measure has been agitated by the Ohio Medical College, we will watch its progress, and inform our readers as soon as it is done, if ever.

N.

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**SPRING SESSION.**—The Faculty of the Institute design as usual to give a full and complete course of lectures, the ensuing spring, commencing in the month of March. (For fuller announcement see 3d page cover. Our friends are requested to aid in diffusing a knowledge of the fact. With a little effort the class of the spring session might be nearly as large as that of the winter.

B.

treatment. Such unbounded success attended his practice, after his investigation of the pathology of the disease, that numerous physicians asked an explanation of his plan of treatment. With the liberality of a true philanthropist, he immediately published, in a small, neat volume, the result of his observations, which acquired considerable celebrity in Europe.

Prof. Newton, of our own country, who has, perhaps, effected more cures of ulcers and canceroid affections, than any man in America, actuated by the same high and noble sentiment which had impelled the European author to action, procured the European edition immediately after its issue, and finding the views of the author so strongly confirmed by his own practice and experience, determined at once to lay the work before the medical profession in America, carefully examined and improved, as he deemed best. Where he has found Dr. Chapman's treatment to correspond with his own, he has given it without comment; but where he has found his own practice to be superior in its ultimate results, he has given also his own plan of treatment in the form of enclosed notes.

He has likewise selected from the most reliable sources, such views as seemed to be necessary to the perfection of both his own and Dr. C.'s treatment. His additions are concise and appropriate. His peculiar ability of saying much in a small space, is shown very plainly; thus enabling the physician to arrive immediately at the facts, without wading through a sea of abstruse theory. The work is emphatically one of practicability.

The medical public everywhere will receive this work with pleasure, because it fills a blank in their libraries. From the known reputation of the American editor, the profession have a guaranty that the work is one deserving of earnest consideration. The general appearance of the work also adds to its value.

G. W. L. B.

THE ANTI-MERCURIAL, DEVOTED TO THE ELUCIDATION AND DEFENCE OF THE PRINCIPLES AND PRACTICE OF RATIONAL ECLECTIC MEDICINE. PUBLISHED SEMI-MONTHLY, BY LAPHAM & COE, No. 84, FIRST ST. N. Y.

The first number of this handsome journal make its appearance on the 1st of Nov., and both it and the second number, which we have received, show conclusively, that both Drs. Lapham and Coe, are not only thorough reformers, but are just the men to put the principles of *Rational Eclecticism* properly before the people. Such an enterprise will be hailed with pleasure by all true medical reformers; and we sincerely think, the *Anti-Mercurial* will soon have a subscription list long enough to tire those directing the journal to its varied destination. The *Anti-Mercurial* is just "the thing needful." It is an eight page quarto, three columns in a page, and printed in beautiful style. The subscription price is only one dollar per annum, and a dollar so spent will do the spender more good than one hundred spent for "blue pills." N.

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THE

# ECLECTIC MEDICAL JOURNAL.

FOR FEBRUARY, 1853.

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PART I.---ORIGINAL COMMUNICATIONS.

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P R O C E E D I N G S

OF THE OHIO STATE ECLECTIC MEDICAL ASSOCIATION, HELD IN CINCINNATI,  
NOVEMBER 16, 1852.

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FORENOON SESSION.

The members of the Convention met according to appointment in the Hall of the Eclectic Medical Institute at 10 o'clock A. M.

On motion, Prof. R. S. Newton was called to the chair, and Prof. G. W. L. Bickley appointed Secretary.

On motion, a committee of three to draught a Constitution and By-Laws, was appointed, which consisted of Dr. Wornbaugh, Profs. R. S. Newton and W. Sherwood.

On motion, a committee of three was appointed to prepare an address suitable to the occasion; said committee consisting of Profs. Buchanan and King, and Dr. Watts.

The Convention then adjourned until 2 o'clock P. M.

AFTERNOON SESSION.

The Convention met at 2 o'clock P. M., and after the minutes of the morning session were read, the committee to whom had been referred the Constitution and By-Laws, reported, and the Convention adopted the following,

CONSTITUTION AND BY-LAWS.

For the better organization of the Eclectic Physicians of Ohio, and for the benefit of the general cause of Eclecticism, it is deemed proper to organize a State Eclectic Medical Association.

The Eclectic Physicians of the State of Ohio, therefore, organize themselves into a State Association, and adopt the following Constitution and By-Laws:



ART. 1. The Society shall be known as the OHIO STATE ECLECTIC MEDICAL ASSOCIATION.

ART. 2. This Association shall be governed by the usual Parliamentary rules, and shall have the power of adopting such measures, rules, and by-laws as may be deemed necessary and proper.

ART. 3. The officers of this Association shall consist of a President, two Vice Presidents, one Recording Secretary, one Corresponding Secretary and a Treasurer, who shall perform the usual duties appertaining to their respective offices, and who shall constitute the Executive Committee of the Association, for the general management of its affairs, and for the transaction of all business not delegated to special committees. These officers shall be elected by ballot annually, at the first regular meeting of the Association.

ART. 4. There shall also be committees of three each, on the following branches of Medical Science, viz : Theory and Practice, Surgery, Obstetrics, Materia Medica, Medical Botany and Pharmacy, Physiology, Chemistry and Medical Statistics, who shall be appointed annually by the President of this Association, and who shall receive from the members of this Association, and from all friends of Medical Reform, on their respective branches, all interesting cases, discoveries, improvements, suggestions; and other useful matter in relation to Medical Reform, and who shall annually report the same to this Association.

ART. 5. The Association shall meet and hold their meetings at such time and place as may be appointed by a majority of the members present at any regular meeting.

ART. 6. No alteration, amendment, or addition can be made to this Constitution, except by a majority of two-thirds of the members present at any regular meeting.

ART. 7. All Eclectic Physicians residing within the State may become members by signing the Constitution and By-Laws of this Association. And Physicians who are not residents of the State may become corresponding members by complying with the same regulations.

#### BY-LAWS.—Article 1.

SECT. 1. The regular meetings of this Association shall be held at such proper times and places as may be fixed upon by this Association.

SECT. 2. The President may call a special meeting of the Association when he shall deem its interests to require it, or if twenty resident members shall petition for the same.

SECT. 3. Twenty resident members shall constitute a quorum for the transaction of business.

#### Article 2.—Officers.

SECT. 1. The President shall preside and enforce a due observance of the Constitution and By-Laws, appoint committees and

see that they perform their duties, give the casting vote, sign all official documents, and perform all other duties customary for such an officer to perform.

SECT. 2. The Vice President shall assist the President in the discharge of his duties, and shall preside in his absence.

SECT. 3. The Recording Secretary shall keep minutes of the proceedings of each meeting, notify officers of their appointments and state their duties, certify to all official acts requiring the same, receive initiation fees, and pay the same over to the Treasurer, and perform such duties as may be properly required of him.

SECT. 4. The Corresponding Secretary shall conduct the correspondence of the Association, and report at the regular meetings such parts as may be of importance to the Association.

SECT. 5. The Treasurer shall receive all moneys due the Association and pay all bills endorsed by the President and Recording Secretary, and make a full report of the condition of the treasury at each meeting.

#### Article 3.

SECT. 1. The initiation fee shall be one dollar.

SECT. 2. Vacancies in office shall be filled "ad interim" by the President.

On motion, Prof. R. S. Newton, was nominated for President of the Association; Drs. I G. Jones and T. J. Wright, Vice-Presidents; Prof. G. W. L. Bickley, for Recording Secretary; Prof. J. King for Corresponding Secretary; and Prof. W. Sherwood for Treasurer.

Upon ballot the above gentlemen were declared elected to the respective offices to which they had been nominated.

The committee to whom had been assigned the duty of preparing an address reported through their chairman, Prof. J. R. Buchanan, an address, which was accepted.

The President, Prof. R. S. Newton, reported the result of a case of *Spina Bifidi*. After which a paper was read by D. D. Franklin, M. D., on the treatment of Cholera; and another by Prof. G. W. L. Bickley, on the rationality of an attempt to improve the human race, and one from Dr. Oldshue, upon Pittsburgh as a location for Eclectic Physicians.

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#### ADDRESS TO THE ECLECTIC PHYSICIANS OF THE STATE OF OHIO, BY THE COMMITTEE OF ECLECTIC STATE ASSOCIATION.

The present condition of the cause of medical reform is full of encouragement to its friends, and furnishes the most powerful inducements to additional exertion and to systematic organization for the accomplishment of our great purposes. As the vitality of the animal body depends upon its power of assimilation and growth, without which it is soon disorganized and dead, so the

vitality of the spirit of medical reform depends upon its power of assimilating to itself, and organizing into one great party of freedom and progress, the rising intellect of the country which must either unite with and sustain the old errors of the medical profession, or co-operate with the movement of reform.

To direct the intellectual young men of the country in the proper course, and furnish them the requisite information to save them from destruction, is one of the highest and most important duties devolving upon those who have themselves enjoyed the glorious privilege of becoming acquainted with a true and unperverted science.

It is no less a matter of duty than of interest; for it is well known that in proportion to the progress and success of medical reform—in proportion to the elevation and magnitude of its schools, the ability and the diffusion of its writings—the reputation and influence of each practitioner are enhanced. The light which a prosperous college sheds abroad, illuminates and cheers the pathway of the solitary practitioner at a vast distance, who is enabled to point with pride to the luminous source of his professional knowledge, and to invest himself with all the dignity and reputation of his Alma Mater.

He who practices a system foreign to the knowledge of the entire community, and unanimously opposed by all the physicians of the vicinity, is placed under many disadvantages, which require the most indomitable energy to meet them; but he who has a large number of professional friends to give him countenance, to advocate his principles, and to consult with him in the hour of danger, as well as an ample supply of professional literature to elucidate and dignify the propriety of his course, and a high-toned collegiate institution to sustain and invigorate the whole, is relieved from all those embarrassing and degrading influences, which so often overpower the courage of men who are not of generous and heroic mould; and being thus relieved, he may reasonably look forward to an honorable, elevated, and prosperous career.

It is, therefore, the duty and interest of all to co-operate in a systematic manner for this great purpose. It is the duty of every physician to regard himself as a missionary to the young, and to enlist the talented, honorable, and energetic young men of our country in the support of medical reform. It is also the duty of those who are capable of sustaining successful schools, to encourage the entrance of students, to spread far and wide a knowledge of their facilities, and to give their instruction in that efficient, thorough, and zealous manner, which will make a deep and permanent impression upon the minds of their students.

It is well known that the teachers of Eclectic medicine in the State, for the twenty years past, have spared no exertion in sustaining an honorable school, and in offering every inducement possible to students of medicine. Under the influence of these

zealous measures the current of reform has swelled to a broad stream, and it is believed that the end of the year 1853 will exhibit a list of considerably more than three hundred matriculated students in Ohio, and between four and five hundred in the whole United States.

It is probable, also, that our country will receive annually from these sources a hundred and fifty regularly educated and *graduated* Eclectic physicians, in addition to practitioners whose course of study has been incomplete.

Such a supply of students and graduates would correspond to a medical profession numbering four or five thousand practitioners, and constituting one-tenth of the entire mass of the profession in the United States at the present time. A party of reform numbering one-tenth, although relatively a small minority, would be able, if zealous and spirited, with the co-operation of other reformatory parties, to give a new direction to public sentiment.— But we should not be content with such a position; our numbers and influence must be increased six-fold to give us the controlling position which is necessary to our own interests—necessary to the cause of truth, and necessary to our permanent stability. We need a position which will entirely relieve us from those crushing influences which have heretofore borne down upon reform, and will render the entire medical profession emphatically free, leaving every individual to follow the path of duty without any fear of professional ruin, or of serious impediments to his success in life, if he should exercise his freedom of thought.

Even at the present time the reformer is, as it were, in many places, hemmed in with an invisible wall of secret opposition, and cut off from the communication and sympathy to which his merits entitle him. To turn the tables upon medical restrictives, and place the reformer in his proper position, all has been done by collegiate action, that zeal can suggest or energy execute. But it remains for the members of the profession to enlist with equal zeal in these progressive measures.

Four important measures demand the attention and exertions of medical reformers:

1. The renovation and reform of the entire medical profession.
2. The enlightenment of public opinion, and extensive popular propagation of reformatory doctrines.
3. The accumulation of statistics proving the superiority of the Eclectic practice, and showing its results in each disease, as well as the results of new agents and methods of treatment.
4. The vindication of the legal equality and professional standing of medical reformers.

To reform the entire profession and give numerical strength to liberal principles, it is indispensable to direct the rising intellect of the country into the proper channels for medical instruction. Instead of five hundred students per annum, there should be at

least three thousand brought under the influence of Eclectic instruction. And this is really no difficult task. There are at least three thousand reformatory physicians, who could with facility send each one student annually to a liberal medical school, and could by so doing insure the complete triumph of our principles, and the ultimate redemption of America from the curse of a destructive system of medication. If, then, it is entirely within the power of medical reformers to insure the triumph of their principles, what excuse can they have for hesitating or failing in the performance of this high duty? If the power of redeeming our beloved country rests in our hands, and through indolence or engrossment in our own immediate selfish interests, this immense power is left unexercised, the immense evils resulting from our neglect will constitute a grave and solemn charge of violation of duty to our country and to mankind.

Let us then resolve to make it a religious duty, to gather into the wide circle of medical reform the intelligent and worthy young men of our country. Nothing is necessary but a slight exertion of persuasion, and a fair exhibition of the extraordinary inducements to enter the profession, the cheapness of instruction, the efficient collegiate courses, and the popular demand for enlightened and liberal practitioners.

The energetic and disinterested measures of the Eclectic Medical Institute have already rendered it certain, that in point of numbers of matriculants this flourishing institution, the leading school of medical reform, will rank with the four leading schools of America, and will outnumber every other school west of the Alleghany mountains. This result has been attained without any very active co-operation from the profession at large. There are many successful practitioners, who have not sent a single student to the Institute for many years, and who appear to have forgotten that as much responsibility for the success of reform rests upon private practitioners as upon the public representatives of the cause. Let it henceforth be the unanimous resolve of Eclectic physicians to keep at all times at least one representative student in the Institute, for the promotion of reform. The approaching spring session of the Eclectic Medical Institute will be an appropriate time for the performance of this duty by those who have heretofore forgotten their public responsibilities.

One great practical error has heretofore impeded the spread of our principles. It has been customary to postpone the study of medicine to a late period of life. Hence, we behold in our medical schools a large number of men from twenty-five to fifty years of age, engaged in the preparatory study of a profession in which they ought to be experienced veterans. This is a most pernicious error. Men with the responsibilities of business and families cannot give that amount of time to study which can be conveniently given by the young. Nor is the matured mind, trained in

the practical out-door business of life, possessed of that same degree of ductility and pliability in literary and scientific pursuits which exists at an earlier age. Hence the cause of study is more oppressive to the resources, less profitable in its results, and more limited in its duration. Instead of this expensive and unprofitable plan, the professional studies should be undertaken as soon as a respectable English education can be obtained. Youths from fourteen to sixteen years of age are at the proper time of life to engage in a course of medical study in collegiate institutions. By making this early commencement they may at the age of twenty-one, when they are qualified by age to hold a diploma, be thoroughly familiar with medical science, and maturely experienced in its practice—able, in fact, to assume the most responsible and important positions at the age which is ordinarily devoted to pupillage or to preparatory studies.

The amount of preparatory study which is often supposed to be necessary, is another drawback upon the diffusion of medical knowledge. Let the people understand that no extensive course of preparatory reading is necessary, and that an intelligent young man may properly commence his attendance whenever it is convenient, with the certainty that he is taking the very shortest route to the thorough possession of professional knowledge.

Next to the performance of this duty to medical education and medical reform, is the duty of enlightening the public mind, and preparing the community to receive with cordiality the efforts of medical reformers. The extensive circulation of the *Eclectic Medical Journal*, and the *Cincinnati Monthly*, will be an efficient means of influencing the public mind. But there are many whom we cannot expect to reach by periodicals, and whom we must enlighten upon these subjects by the cheapest, simplest, and most efficient instrumentalities. Brief tracts, explaining in a clear, popular, and interesting manner the leading peculiarities of our reform, removing prejudices, stating facts, and placing the whole subject in a proper light, cannot fail to have a powerful and salutary influence. With truth and justice on our side, with all the strength of scientific evidence and ample experience, we need nothing but a fair and full exhibition of arguments to impress and convince every candid mind.

Such arguments, in a brief popular form, will be read by thousands who would neither peruse an elaborate essay, nor subscribe to a scientific periodical. With a proper supply of such tracts, each physician would find his power of propagating medical truths augmented tenfold, as they would silently diffuse through the community a large number of ideas, which by his own personal efforts he could only diffuse in a limited circle. A few thousand copies of such tracts in the hands of each Eclectic physician, would be like thousands of friends pleading his cause with the public, and might entirely change the current of public senti-

ment. With such an instrumentality, we might easily introduce the doctrines and practice in places where both were utterly unknown. The trivial expense required would be more than ten-fold repaid in the prompt increase of professional business and the advancement of professional reputation.

Next in importance ranks the COLLECTION OF STATISTICS. The superiority of Eclectic practice being well known to all who are personally acquainted with it, they may not realize the lack of information upon this subject in the community generally, and the urgent necessity for supplying such information. It is probable that the history of medicine does not furnish an example of innovations and improvements so extensive, so important, and so beneficent in their character, which have been so quietly and silently introduced into practice, without being heralded by the voice of fame, or honored in some proportion to their merits. From this modest and humble career of usefulness, it is time to rise to a manly assertion and vindication of the claims of Eclectic Medical Reform. It is necessary to show the great contrast between the slight mortality of diseases treated on the Eclectic plan, and the usual mortality of such diseases as commonly treated. Evidence may be gathered which will show that the introduction of the Eclectic practice into any community will save a large number of lives annually, that the ordinary results of Eclectic practice in many diseases are beyond the highest pretensions of those who follow the prevalent mercurial system, and that the Eclectic Medical Reform, from the vast amount of life and health which it preserves, may be regarded as one of the most important philanthropic movements of the age.

This demonstration can be accomplished only by the hearty concurrence of a large number of physicians. We therefore earnestly request that all Eclectic practitioners, who wish to see this work accomplished, should commence for the year 1853 their regular records of practice according to the form of the following table—reporting annually to the editors of the Eclectic Medical Journal, for the State Society, and for the general benefit of the profession. The Journal being already a central organ for the profession, will appropriately receive and use this statistical material:

ANNUAL REPORT OF THE PRACTICE OF ——— FOR THE YEAR 1853.

Date.	Name and age.	Disease.	Duration of disease.	Duration of treatment.	Result.	General remarks upon the peculiarities of the patient the disease and epidemic influences.	Modes of practice, new remedies and compounds.
Jan. 1	J. Smith, 35	Pa'n'm'a	six days.	five days.	Cured.		
5	J. Jones, 18	R. Fev'r	four days.	three days.	Cured.		

In addition to these measures in reference to medical education, medical tracts, and medical statistics, it is desirable also to agitate the subject of medical professional equality. Appeals should be made to the Legislature, by petition, to give to medical reformers

the same recognition and encouragement as to other classes of the medical profession. The Eclectic Medical Institute should be allowed equal privileges with the Medical College of Ohio in the Commercial Hospital of Cincinnati. The Medical Library, established by the State, in Cincinnati, should be made accessible to all physicians and students, as well as to those of the Medical College of Ohio; and the liberality of the State, which has been exhausted in the attempt to sustain an old school institution, should no longer flow in the same unprofitable channels, but should be directed towards a school which has already, without Legislative assistance, done so much more for the rational and useful development of the healing art. We need not despair of procuring hereafter such support from the state as may be necessary to assist in the development of a liberal system of medical and collegiate education; giving to our Eclectic center a national influence and liberalizing power.

If we but accomplish, in the methods here suggested, one half of what lies conveniently within our power, the results will prove an incalculable benefit to our country.

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THE RATIONALITY OF AN ATTEMPT TO IMPROVE THE HUMAN RACE, PHYSICALLY AND MENTALLY, BY G. W. L. BICKLEY, M. D.

*Gentlemen of the Ohio State Medical Association:*

Permit me to call your attention to *the rationality of an attempt to improve the human race, physically and mentally*. In doing so, I but give forth a pent-up and cherished idea, that has lingered long in my mind, and on which I have bestowed much serious, and, I trust, profitable thought. On such an important subject I could not promise, nor indeed could you expect, the evolvment of a system perfectly adapted to the object in view, in one short paper. And if, indeed, everything might be said in a few pages, my health would not justify the attempt at this time. When health and strength shall have been restored to me, if ever, I shall labor with all my powers to bring this subject properly before the public.

I am aware that a few allusions have been made by various writers to the possibility of improving the race; but, most generally, these have been too meagre to effect any permanent good. It has remained for the men and the science of the latter half of the 19th century, to demonstrate the practicability of rearing men with bodies, equal, if not superior to the athlæ of ancient Greece, and possessing intellects vicing with those of Bacon, North, Pitt, Franklin, Adams, Clark, Newton, Dick, Herschel, Webster, Olmstead, or the most learned men of modern times.

Man is the only animal with which we are in daily contact, that has been entirely overlooked in our attempts to improve the species which our fathers in common with ourselves have tried to perfect. Not only animals, but fowls are now engaging no small share of public attention. Even vegetables and plants of all



kinds cultivated by man, have been improved almost beyond belief.

The potato, discovered in Mexico about three hundred years ago, has been cultivated in Ireland until its flavor is entirely changed, and it now weighs as many pounds as it formally weighed ounces. The same is true of the turnip. Wheat, which furnishes bread to so many millions, was, when man first began to cultivate it, but a simple grass. The beautiful and delicious apples, now so abundant, have all sprung from the common Siberian crab.

The cattle of our farms were, almost within our own recollection, but little larger than well-grown sheep; but *now* they are made to weigh from 2000 to 5000 pounds. Horses have been cultivated until, from the original pony, we have the heavy English cart-horse, more than five times as heavy and strong as the original type. Not only so, but we have modified him into quite a number of sizes adapted to various uses. Nay! more than this, from the ass and horse we have produced a mongrel still better adapted to farming purposes.

Hogs were originally ferocious animals, but little suited to the taste of an epicure. Sheep were originally but little larger than small goats, and yielded only about a pound of wool in a season. By cultivation they have acquired quite a sufficient size, and yield not less than from four to eight pounds of wool during the year.

I might run through the whole list of domestic animals, and the same improvement would be seen. These facts are so well known, however, that I deem it unnecessary to enumerate further.

The governments of empires, kingdoms and states have contributed freely to the improvement of animals, and even individuals have not spared their money to effect so grand an object. Many of the States of our own progressive nation have created State Fairs, and voted some of the public money to defray their expenses. At these fairs are exhibited the improved vegetable and animal, so as to incite the people to improve all their stock, grains, etc. Even within a few days past, a single hall in the city of Cincinnati, contained not less than \$2000 worth of improved fowls on exhibition. And to show that these improved fowls are in demand, it is only necessary to state that a single pair will sometimes sell for \$200. And the same remark might be made of improved cattle, a single one of which has been sold in the State of Ohio for \$3000. Nor is \$2000, \$1500 and \$1000 an unusual price in those districts where agricultural societies exist.

Now, is man perfectly developed? and if not, is he less worthy of cultivation than plants, animals, and fowls? Walk out upon a cool summer evening and scan the myriads of faces and forms you meet; go into the wards of the poor-house, orphan asylums, hospitals, and the dens of suffering humanity, so frequently found in all great cities, and no intelligent Christian and philosopher

would hesitate for a moment to declare our race was far from being perfect, even as regards physical organization. Then if such be the report brought back, who is he that will give to plants and animals a culture he would deny to man?

More than this: one-third, at least, of all our diseases result either from imperfect muscular development, or a want of proper proportion between the physical and mental developments. A certain amount of exercise is necessary to secure normal action of the nervous system. If this action was at present equal to the necessities of the nervous system, many of our literary men would possess the bodies of giants.

But if mankind need physical and mental cultivation, which, I hope, is too evident to need further argument, the question is, how shall this great object be effected? It does not require much thought to perceive that means similar to those used on other animals would effect a physical improvement. The mental normality would follow as a result. This is the age of mental progress, and we have only to regret that the physical development does not keep pace with the mental.

A properly developed man wields more power in a community than ten persons whose physical and mental development are not developed in due proportion. This accounts for the power of the aristocracy of Europe, who have better developed bodies and minds than the masses over whom they rule. And it is in accordance with nature that the aristocracy should hold sway over those around them. But improve the whole race, and you make *every* man an aristocrat; thus, from an aligarchy, you deduce a beautiful democracy.

But where shall this work of improvement be started? It will not do to break in upon the relation of marriage as it exists; but those who are already married should strive to develop to the fullest extent the powers, especially the physical, of their children. Those who are not already paired off under the divine institution of marriage, should be taught how to marry, who to marry, and for what purposes they are to marry. This they can never fully understand unless the whole people be somewhat instructed in physiology. Two very fat people should not marry, for their offspring would have a yet greater accumulation of fatty matter than themselves; and if such marriages were numerous, we should soon have any number of Daniel Lamberts and Reids. Neither should two very spare persons marry, for their offspring, true to the type of its parentage, would soon furnish a number of Calvin Edsons. But the various conditions of marriage cannot now be noticed. Physiology will point out with great certainty the indications we should look for in choosing a partner.

But above all, the intermarriage of relations, with its dire consequences, should be set up continually before those of mature years. Heaven has made it a criminal offence, and punishes the guilty with a heavy hand.

But I cannot, and did not intend to, enter into a full consideration of this subject at this time. I desired only to make a few general remarks, because the subject is properly in the province of our science, and I hope Eclectic physicians every where will give the subject the consideration which its importance demands. But remember that whatever good is to be accomplished, will be through the channel of public instruction upon the laws of life. Females as well males must be taught why such and such results always follow such or such acts. If females cannot hear those laws which extend themselves over her as well as the male part of the race, explained—if the subject is too delicate, then have separate female schools.

I am only surprised to think that so many hundred years should have passed away before some attempt of this kind had been made. Fowler, of New York, is perhaps the pioneer in the cause, but in movements of this kind, individual exertion can do but little. We must have thrown together a large mass of facts, and then the pens and voices of the movers must not be idle.

How proud is every father of a very large son at ten years of age! Now, it seems to me that this pride alone would have been sufficient to have effected the object in view centuries ago. Nature sometimes oversteps our ideas of natural size, and presents us with specimens of what men might be made. We have all seen many cases of extraordinary size in children, and any number of very large and powerful men. Such a case of unusual development is reported in the October No. of the American Journal of Science. The child spoken of is four years old, and four feet high, and weighs seventy pounds. A properly developed man in the physical system, I think, should measure six feet, and weigh thirty pounds for each foot. These suggestions are offered in the spirit of philanthropy to the consideration of, not only Eclectic, but every class of physicians; and though the idea may be ridiculed, I am unable to persuade myself that the sentiment will not meet the approbation of every man desiring to see his race developed, and sound physical and mental constitutions guaranteed to his offspring. Let that father or mother who has a delicate child languishing on the consumptive's couch, cast their eyes on this article, and as sure as I am now penning this word, will a prayer ascend to the throne of Heaven's King in behalf of these truths and their distribution.

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REMARKS UPON THE TREATMENT OF CHOLERA, BY D. D. FRANKLIN, M. D.

I am greatly astonished that, in the face of the extensive and melancholy experience possessed by the profession at large in the treatment of this frightful scourge, so many adopt and advocate measures most grossly barbarous and empirical. We have medical men in this country, who affirm that strychnia, and various minor poisons, are the Alpha and Omega for the cure of

cholera; and the recent deaths of nearly all of their unfortunate patients (not to say victims) attest sufficiently to the folly of such a course. As a doctor in this city confessed, his patient would have lived if the attendant had not given him the last dose, (strychnia).

We have another class of physicians (by far too numerous), who, with innocent medication, treat the cholera in its effects, instead of ascertaining its stronghold, and carrying its chief battery at once; but through the mist of empiricism keep up an unceasing fire at random, while their strong foe, with a steady march, soon outflanks them, and gains his point, and the victim sinks to rise no more. "But if the people will submit to this, we can but say, alas! for the public for whom doctors and cholera are contending,

For cholera kills, and doctors slay,  
And every foe will have his way.

Heaven grant, that before many shall fall by the onslaught, they may watch and better understand the blows of the death-dealing combatants!"

I have not time, neither is this the proper place, to discuss the subject at length; but a hint to the wise is sufficient. It is my opinion that it would be safer for the patient; and less trying to the conscience of the physician, to leave the disease to nature, than to give any of the following drugs, viz: strychnia, morphia, and calomel; for if there is any thing known about the disease in question, it is a well-settled fact that it is a disease of the most debilitating and prostrating character; therefore, it is evident that those life-destroying and depleting drugs should be discarded by the physician, and dreaded by the public. The prophylactic or preventive measures are all embodied in temperance, cleanliness, ventilation, and fearlessness. Excess in all things should be scrupulously avoided. Changes or innovations upon the manners of living, should not be made too suddenly. Most ripe fruit and vegetables may be eaten with a proper degree of caution, but cucumbers and corn are exceptions. Extremes of cold and heat should be shunned. A calm and cheerful state of mind should be maintained. These directions, if followed, will strip the disease of its apparent infectious character. The treatment which has been quite successful in my hands, may be summed up in the following manner: Protect the surface from the action of the atmosphere, which may best be done by putting the patient in a wet pack (in the first stages in simple warm water), cover sufficiently with dry clothing, and, if necessary, put a warm brick to the feet; then give 1 ℥ of cholera mixture, which will in most instances expel the contents of the stomach in less than one minute. Whether it does or does not, it should be followed by 1 m of oleum tiglli, concealed in a pill of medical soap, and repeat every half-hour, if necessary, until it produces a free and natural catharsis evac-

uation from the alimentary track ; then give the following, viz :

R. Carb. Ammonia,  
Gum Camphor,  
Capsicum,  
Myricine,

aa. Dose from 3 to 5 gr.

To be given as often as the patient has a passage. Up to this period nothing should be drank but common stone tea, well trimmed with sweet cream, after which give medicines of a highly stimulating and anti-spasmodic character (not narcotics); continue the use of these medicines until the cramping ceases, and reaction is fully established, then give freely of weak beef, mutton, or chicken tea, to supply the waste of fluids which have been drained from the system. Cold drinks should be rigidly prohibited in all stages of the disease. If collapse has taken place, the wet sheet should be sprinkled with pulverised capsicum, and the patient packed in it until reaction takes place; then to be taken out and rubbed off, and packed in a dry flannel sheet, and use the same means as directed above, except the cathartic, which may be omitted in case of extreme prostration. I have treated thirteen cases since adopting the above treatment: ten recovered, one was dying when I saw him, and the other two became convalescent, and for the want of proper nursing died in about forty-eight hours. It is my opinion that cholera, with all its terrors, and which has hurried thousands into the realities of a future existence, will become as common among us as most of our fevers; and when its pathological condition and indications are rightly understood and carried out, it will be as little feared and its fatality less. I have not now the time to give the reasons for this application of the wet sheet pack, or further details of my treatment, but I am satisfied that every unprejudiced physician will see at once that it possesses many advantages over the hot brick steaming and mercurialising operation generally adopted; and if we, as reformers in medicine, will adopt the above (or similar) simple and effectual course of treatment, it will strip the disease of many of its terrors.

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LETTER FROM DR. OLDSHUE, OF PITTSBURGH.

A letter was also read from Dr. Oldshue, of Pittsburgh, Pa., in which he set forth very lucidly and satisfactorily the necessity of Eclectic physicians settling in Pittsburgh.

The Doctor reviews very ably all the facilities offered to the young practitioner settling at Pittsburgh, but endeavors constantly to impress the idea upon the reader that it is more desirable to labor at that locality, because the people are ripe for reform and are willing to shake off the shackles of medical tyranny because they have already suffered abundantly.

The letter would be published in full, but was not written with

## EVENING SESSION.

a view to publication, and hence we can only notice its reception and the tenor of its remarks.

The Convention met at 7 o'clock, and after hearing the minutes of the previous sessions read, the following resolutions were discussed and finally adopted, viz :

1. *Resolved*, That Eclectic physicians be requested to furnish to the Association, statistics of all the cases treated by them, together with the plan of treatment, and that this Association furnish to Eclectic Physicians suitable blanks on which to make their reports.

2. *Resolved*, That Eclectic physicians be requested to report to this Association, their observations of the pathogenetic action of the new remedies used in our practice upon the human system, when administered individually, so that the true worth of such agents may be known.

Committees on the several branches for the following year will consist of the following persons, viz :

*Theory Practice*.—I. G. Jones, M. D., Wm. Sherwood, M. D., Jno. B. Squier, M. D.

*Surgery*.—R. S. Newton, M. D., E. O. Newton, M. D., Jno. Loy, M. D.

*Obstetrics*.—J. King, M. D., D. D. Franklin, M. D., G. J. Nolen, M. D.

*Materia Medica, etc.*—G. W. L. Bickley, M. D., A. D. Skellinger, M. D., M. A. Kelly, M. D.

*Physiology*.—Jos. R. Buchanan, M. D., H. Warriner, M. D., Daniel Vaughan, A. M.

*Chemistry*.—J. W. Hoyt, M. D., Wm. S. Merrell, A. M., J. Bower, M. D.

*Medical Statistics*.—W. W. Payne, M. D., W. B. Witt, M. D., R. R. Sherwood, M. D.

GEO. W. L. BICKLEY,  
*Recording Secretary.*

## SEVERE INJURY OF THE HEAD—RECOVERY.

BY C. H. CLEVELAND, M. D.

The following case, which was reported by Samuel D. Woodward, M. D., of Massachusetts, in the *New England Journal of Medicine and Surgery*, for April, 1825, presents one of those rare instances where the head has received a severe injury, and yet has recovered; and also so clearly points out the mental effects of the

mechanical impression, that it may not be deemed unworthy to be preserved in the *Eclectic Journal of Medicine*.

In the year 1808, E. G., aged *nine* years, while at play with her mates in a chamber, fell from the window to the ground, and wounded her head, but not so severely but that the wound healed readily without any surgical aid, and but little was thought of the accident at the time. Dr. Woodward says:

"From this time forward, she was subjected to turns of severe nervous headache which always affected *that part* of the head most severely; and ever after the fall, a tenderness was felt on the part that was wounded.

"In the spring of 1821, the headache became more severe, and recurred more frequently than before, and she had occasional epileptic paroxysms, which continued to recur at unequal intervals through the winter; at times her mind was also deranged; these, however, alternating with lucid intervals.

"As there was so much tenderness on the part formerly wounded, and as the symptoms were so unaccountable, Dr. Cogswell, an eminent surgeon, proposed to operate with the trepan. When the girl heard of the proposed operation she became perfectly frantic, and ever after refused to see any of the medical gentlemen who were present at that time. In consequence of this, she came under the care of Dr. Lyman, of Glastenburg, and afterwards of myself.

"When I first saw her, she was excessively irritable; had frequent epileptic paroxysms; and most of the time was more or less deranged.

"In the course of the season she lost the sight of the left eye, and subsequently she had severe pain and suppuration in the left ear, which discharged copiously for a long time.

"Before the month of August, her symptoms continued to grow worse, and on the 2d day of September, 1821, (recollected by her friends, and numbered by us all, as the day on which occurred the severe gale of wind,) her jaw became locked, and continued so without intermission throughout the winter. She became emaciated, and was able to take but little nourishment, and that wholly liquid, and which was introduced by separating her teeth with wedges. At this time her situation was most deplorable; fits occurring almost daily, often many times a day; constant delirium; great nervousness; locked jaw; blindness of one eye; pain and suppuration of the ear.

"An inflammation now commenced in the throat, which progressed rapidly, impeding both respiration and deglutition, and seemed to threaten a speedy termination of all suffering. The tumor could not be seen on account of the locked jaw. It terminated in suppuration, and when it broke it discharged puss freely and some foreign substance passed down the oesophagus, and lodged there, producing severe distress, convulsions, and insensi-

bility, in which state she remained a long time; when she recovered from it she declared herself relieved, and said something had been swallowed; her friends were directed to examine the alvine discharges carefully, and in about forty-eight hours, a *comb tooth*, two inches long and very large, passed her bowels. From this time all her bad symptoms diminished; convulsions ceased wholly; delirium subsided; her health improved; the eye became better, and in a few months was restored; the pain and suppuration left the ear; the jaw at once loosened, but it required a long time for it to regain its power; her appetite and strength gradually returned, and in a few months her health was restored. There can be but little doubt that all the symptoms that intervened between the time of her fall, and the passage of the *comb tooth*, arose from that cause alone. The headache and tenderness were caused by the tooth, while it remained nearly stationary, and the blindness, suppuration in the ear, locked jaw, epilepsy, and delirium, by the irritation of its passage from the wound where it entered, to the pharynx where it was dislodged.

"It is certain it remained in the body *thirteen years*, but with what parts it was in immediate contact during that time is to me a matter of conjecture only."

As some medical men have expressed strong doubts of the possibility of restoration to health, both of body and mind, after severe injuries to the head, like the one narrated above, and the case of *Mr. Gage*, who had a bar of iron pass through his head, as detailed in a former number of this Journal, it may be well to add the following synopsis of a case which was reported in the *Dublin Medical Press*, for February, 1845.

This case is perfectly well authenticated, and occurred in the person of an officer in the Ceylon Rifle Brigade. The injury was produced by the bursting of a fowling-piece, which inflicted a severe wound in the forehead, directly above the nose. "The patient was knocked down by the explosion, but immediately recovered his feet, and walked to a neighboring cottage, with assistance. When seen by his surgeon, the wound was circular, and continually discharged a bloody serum, mixed with pus. Pus, as well as fragments of bone, likewise passed from the nostrils. The patient recovered under the most simple treatment.

"The officer, soon after this, returned to his duty, but in a few months was much incommoded by a metallic substance which began to protrude through the palate, accompanied by the most offensive discharge; which, however, he was unconscious of, as the sense of smell had been entirely destroyed by the accident. In four months time the metallic body had protruded so far that an attempt was made to extract it, but was not persisted in, on account of the excessive agony of the operation. Things remained in much the same state until the next year, when the patient died from imprudence in drinking. On examining the head after death,



*the whole of the iron breech of a gun, with the screw attached, were found lodged in the forehead. The weight of this mass of iron, which had so long remained quiet in its extraordinary situation, was near three ounces!"*

In connection with the above cases of injury to the *head*, it may not be improper to give a condensed account of the following, where recovery occurred after very grave and dangerous wounds in the *thorax*.

If such cases subserve no other purpose, they may encourage surgeons not to despair of recovery, or relax their efforts, even in cases that would seem utterly hopeless.

In February, 1831, John Taylor, a native of Prussia, was employed on board the brig *Jane*, of Scarborough, then lying in one of the docks of London. On the 6th of February, while at work guiding the pivot of the try-sail-mast into the main boom, the tackle gave way and the pivot struck his breast, which it penetrated, and traversing it in an oblique manner, it passed out behind, and was driven into the deck. The mast which fell and drove the pivot through his body, was thirty-nine feet long, and weighed about six hundred pounds. The pivot is about an inch in diameter, blunt at the end, and only five inches in length, so that to pass into the deck the chest must have been very much flattened.

The place of entrance was on the left side of the sternum, in the region of the cartilages of the third and fourth ribs, and it came out at a point between the tenth and eleventh ribs, a little anterior to a perpendicular line drawn from the lower angle of the scapula. The *compression* of the chest, alone, was very wonderful. Several other injuries, about the head and face, were received, and four of his ribs were fractured. Taylor was carried to the London Hospital, and recovered his health perfectly, and afterwards he resumed his occupation as a sailor.

On the 13th of June, 1812, Thomas Tipple drove to the house of John Overton, of Stratford (England, near London), and, as the groom was absent, he commenced to unharness the horse from his gig. Not being accustomed to that business, he removed the bridle first, when the horse took fright, and plunged forward. One of the shafts of the gig struck him on the left breast, and traversing the chest, it came out upon the right side and penetrated the sheathing of the horse. When assistance arrived, he had strength to grasp the shaft and aid in withdrawing it from his body.

At the end of nine weeks the wounds were nearly closed, and shortly after he was in a condition to be considered *well*. He was thirty-four years old at the time of the accident, and it was observed that his *appetite*, that had been impaired, was much better after than before, although his general physical strength was less.

The shaft penetrated the body to the distance of twenty-one inches, and was five inches in circumference, in the middle, and six inches at the largest part that entered the chest. The *tug-iron*

on the under side of the shaft projected three and a half inches, and, without any doubt, that entered the lungs.

WATERBURY, Vt, January, 1853.

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### A CASE IN PRACTICE.

BY T. J. GALLOWAY, M. D.

J. C., aged eleven years, was a boy of slender frame, but had generally enjoyed good health. About the 1st of September he complained of some headache, slight nausea, etc. For several days no marked change had taken place, and when I was called to see him, which was at 6 o'clock in the evening of Sept. 5th, the best description of his case that I can give, is, that he was *completely overcome with drowsiness*. I found him in a deep sleep, and it was with difficulty that I succeeded in arousing him. He said he was not sick, did not feel any pain. No morbid condition of any of the secretions had been detected by his parents previous to this time. Upon examination I found his symptoms to be as follows: Cutaneous surface, hot and dry; abdomen, much swollen, hard, and very hot, but not painful even when firm pressure was made upon it; tongue, very dry, and its whole upper surface covered with a black and almost shining coat; pulse, beating 80 per minute, rather small and quick, but not varying materially from a healthy standard. No very perceptible change was detected in it for some forty-eight hours subsequently. No hunger; no thirst. The nausea had subsided, and on rising up some giddiness was experienced, but no headache. He was anxious to lie down, and it was difficult to keep him awake. His face was constantly pale, and perhaps slightly sunken. Expression of the eye natural. I could not at any time detect an unusual fulness of the temporal vessels, or an undue expansion or contraction of the pupils. Fomentations were applied over the abdomen, and hydragogues and sudorifics given during the night and following day. The abdomen was greatly reduced, the dark coat partially removed from the tongue, which was now somewhat moist. The same treatment was continued and next morning a light, moist, cream-colored coat was found upon the tongue. The edges and tip of the tongue, which were quite red at first, were at this time very nearly natural in their appearance. The swelling of the abdomen had almost entirely subsided. The surface, however, was still hot and dry. In the afternoon free perspiration was induced by means of the alcoholic vapor bath, and this seemed for a few moments to arouse him from the deep somnolency which up to

this period had been constantly increasing upon him. I left him late in the afternoon with directions for the perspiration to be kept up by warm infusions, etc., until next morning. Soon after dark I was hastily called to his room and found him in a dying state. The glottis seemed to be spasmodically closed at every inspiratory effort. Expiration was natural and easy. The carotids throbbed most violently, and now, for the first time during his sickness, his pulse had risen above its original standard of frequency; sometimes reaching one hundred and fifty beats per minute. The temporal vessels were full and hard, but the extremities still continued hot for some hours. Sinapisms, frictions, and other revulsive measures, seemed for a time to give partial relief, and I left him at 2 o'clock A. M., after which time he lived but three or four hours. I have now laid a concise history of the case before you, and I leave it without note or comment.

OXFORD, O.

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## REPORT OF CASES,

TREATED BY O. E. NEWTON, M. D., CINCINNATI.

CASE I. Mr. David Brown, of Seneca co., O., called upon me for advice concerning a tumor that was located between the eyes of his grandchild, an infant about five months old, and which had considerably augmented in size, in consequence of previous treatment for *nævus maternus*.

The history of the case was, briefly, this, that some thirty days previous to calling upon me, several physicians, residing in the neighborhood of Tiffin, O., who had been intrusted with it—after some consultation—agreed to employ the actual cautery. For this purpose, the infant was partially anæsthetized by a compound of chloroform and sulphuric ether; after which, the operation was performed by passing needles through the base of the tumor, and strangulating it by ligatures; the hot iron was then applied, until, as they supposed, the tumor was entirely destroyed, when they remarked to the friends, that after the burn had healed over, the tumor would be found removed. But, to their disappointment, as well as that of the friends, the tumor manifested its presence as the burn healed, and became twice its former size.

Drs. D—— and S—— were informed of this failure, when they proposed a repetition of this treatment, but to this the family objected, on account of its having so signally failed at first, and deeming it best to try some other course, they came to the city, and consulted me in relation to it. I found the tumor situated between the eyes, about half an inch above the supra-orbital

ridge, double the size of a strawberry, very red and angry, and of a malignant nature. I expressed my opinion that I believed it curable, and the child was placed in my care.

I commenced the treatment by the application of an ointment of sulphate of zinc, the water of crystallization of the zinc having been first driven off by heat. The ointment was spread very thin all over the tumor, but from the injured condition of the nervous system, the result of the previous treatment, even this mild form of application could be borne only with much difficulty. This ointment was applied daily, until the tumor was destroyed below the level of the surrounding surface, after which, I substituted pulverized sulphate of zinc for the ointment, applying it once or twice in every twenty-four hours; and at this time, notwithstanding the extreme sensibility of the tumor, as much of this caustic could be endured as I have been accustomed to use in the treatment of certain kinds of ulcers upon adults.

Finally, the whole of this malignant growth was destroyed by the treatment, when a poultice of elm was applied, which was followed by a slough; Mayer's ointment (U. S. Eclectic Dispensatory) was then used as a dressing to the sore, and the child was taken home. Since which, I have received a letter from its grandfather, stating it to be thoroughly healed.

CASE II. Mrs. Reese, of Cincinnati, age 50, of feeble constitution, consulted me in the month of last July, in relation to a small hard tumor, of some two years' standing, situated on her forehead, just above the left supra orbital ridge. I advised its immediate removal by means of local applications, but, from some cause, she fell into the hands of one who professed to have cured many similar cases.

He made daily applications of caustic, until the 8th of August, she having been five weeks under his treatment, when he discovered, that from a small tumor, about the size of a large pea, it had become as large as a dollar, without any hopes of arresting its rapid extension. Consequently, his experience and judgment led him to recommend her to reapply to me.

I commenced by making a free and constant application of elm poultices, together with the daily use of the mild vegetable caustic, which was continued until its further progress was arrested. After the diseased portion had sloughed off, I found the surface of the os frontis, exposed to an extent of about two inches in diameter, the pericranium being destroyed.

Adhesive straps were now placed across the ulcer, extending in several directions, until the whole bone was perfectly covered, over which straps collodion was applied, leaving a small orifice for the discharge of pus. On the next day, these were removed, and a new dressing of the same applied, which course I pursued for twenty days, after which the collodion was omitted, but the straps continued. As the suppuration diminished, the straps were renewed at intervals of two, three, etc., days.

With the exception of an occasional application of the mild vegetable caustic to remove unhealthy granulations, the above was the only treatment pursued in the healing of the ulcer. And in January, the case was exhibited to the class of the Eclectic Medical Institute, thoroughly healed.

I am not aware of a case on record, where there has been so much surface of bone exposed, followed by a complete healing over; and I attribute the success in this case, to the facts of having carefully drawn the edges together as much as possible, and protecting the ulcer from atmospheric action by the use of collodion and the straps.

CASE III. Mr. A. O. Evans, aged 34, residing seven miles from the city, had experienced a severe attack of flux some two months previous to his calling on me, for which he had been treated by Allopathic physicians. He was confined to his bed for thirty days; and after the removal of the flux, his bowels continued irregular to an ungovernable extent, and which his physicians could not check, although they treated him for a month longer. At the time of his visit to me, his tongue was much coated, great tenderness over the entire abdominal region, and he had from five to eight evacuations daily, of a muco-sanguinous character, mixed with fecal matter of a light color, and accompanied with griping, and a general uneasiness of the bowels.

I placed him upon the use of the following compound:

R. Hydrastin,  
Leptandrin,  
Geranin, *aa* grj. Mix for a dose.

Of which from three to five doses were given daily.

In connection with this powder, I applied mild counter-irritants to the bowels externally, as mustard, and a vesicating liniment, and placed him upon a rigid diet, using mucilaginous drinks, as gum-arabic water, barley water, etc.

This course was pursued for nearly a month, and, though he improved, yet it was not sufficiently rapid to prove satisfactory to myself: I, therefore, applied an irritating plaster (U. S. Eclectic Dispensatory) over the whole extent of abdominal surface, changing it every day, until it produced an extensive ulcer, which discharged profusely. This was very painful and troublesome to the patient, but he bore it with heroic fortitude. After the discharge had continued thus profusely for about two weeks, we placed him in bed, on his back, and poulticed the ulcer with elm poultices. In the meantime the above powder was continued perseveringly. This was speedily followed by the absence of the muco-sanguinous discharges, as well as of the abnormal amount of daily evacuations.

This patient, during the course of treatment, was several times exhibited to the class of the Eclectic Medical Institute, and fully illustrated to them the superior curative influence of the irritating plaster in cases where counter-irritation is indicated.

CASE IV. Mrs. J. M. Smith, aged 35, of West Union, O., feeble constitution, cheeks ruddy, with a forward inclination of the body, and inheriting scrofula. She had observed a tumor gradually developing itself in the upper part of the left breast, near the external surface. Having consulted two Allopathic physicians of her place, they pronounced it a "scirrhus tumor," and concluded to remove it, which, after some difficulty, they accomplished. The part finally, but very slowly, healed.

On the 29th December last, she was brought to the city to be cured of "cancer of the breast;" at least it was so called by the physicians who had previously operated. The breast was very much swollen, and somewhat inflamed, and, after an examination of the case, herself and husband were informed that her previous disease had returned, and a scrofulous abscess was now forming. In answer to the interrogatory, why we differed in opinion from her former physicians, we remarked that it was based on our great experience in the examination and treatment of cancerous mammary glands, and that we had *always* found that, in *every* case of *scirrhus* breasts, there is a *retraction of the nipple*, which symptom will never be wanting. And I might now add that our opinion subsequently proved to be correct, as on the eighth day of treatment an abscess formed, which discharged at least half a pint of matter from the "cancerous breast."

Before the discharge from the abscess took place, the treatment was applications of warm fomentations, alternated with Mayer's ointment. After the establishment of the discharge, the fomentations were continued, alternated with elm poultices, at the same time employing an injection into the abscess of a weak solution of the sesquicarb. potas. Simultaneously with this local treatment, we used the following preparation internally, in doses of a drachm and a half, in a little water, three times a day:

R. Comp. syr. stillingia, ʒ iv.

Hydriod. potas, ʒ ij. Mix.

Moderate diet and bathing the surface of the body were also recommended.

The hardness and swelling have been removed, with the exception of the upper part of the breast; and there is every indication that she will return home permanently cured.

## PART II,---MISCELLANEOUS SELECTIONS.

### REVIEW.

TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION. AT ITS THIRD ANNUAL MEETING, HELD AT ROCHESTER N. Y., MAY 11, 1852: TOGETHER WITH THE ACCEPTED REPORTS PRESENTED BY THE MEMBERS.\*

An apology is due from us for having for so long a time neglected to notice the brochure, the title of which is given above. Eclecticism is one of the modern family of *isms*, the definite characteristics of which we have never been able to learn, and we hailed the appearance of this volume of 170 pages with unusual pleasure, because we anticipated that now the indefinite and obscure claims of superiority, which had been clamorously asserted, were about to assume distinct form and tangibility; or that we had before us the key to the oft-repeated but as yet unanswered question, "What is Eclecticism?" We shall see, in the course of the brief review which we design to make of this volume, which may be regarded as the formal exponent of the great modern system of medical Eclecticism, what answer is given to the oft-recurring interrogatory. The preface of the fair yellow-backed volume informs the reader, "by way of explanation—not of apology," that the authors of the different reports did not prepare those reports for publication, and that the separate papers do not possess that high finish which they would have had, provided the writers had been aware of the fact that the immortality of print awaited them. They are to be received merely as the miscarriages of the several labors, and as the first abortive fruits of a great result, which by a process of involution is to be, at some future day, devoted to new and more perfect regeneration.

The present publication is made "because of the increasing popularity of our principles, and the growing demand for light in relation to them by the people. If another reason be demanded, we find it in this—that the time has arrived when the young *Eaglet* must soar and take his place even above the birds of more practiced wing, in the clear upper atmosphere of truth and truthful success." The figure of the Eclectic preface is as false as the claim of the system among the fair sisterhood of the Sciences. The eaglet can only dare the blue empyrean where his sire of more practiced wing and wider flight soars in peerless pride and looks in the face of the sun, after long and painful teachings of imitation and experiment; and he is never mistaken for the spar-

\* We offer an apology for publishing this article in full, as it contains much vulgarity. But as our readers may wish to see how a dignified Professor of the Kentucky school of Medicine utters his sentiments, we give it in full.

row that perched upon the back of the monarch of the upper air, and thus riding the giddy height to heaven still feebly fluttered a little higher and plumed himself as the superior of the bird of Jove.

Our Eclectic friends have climbed to a certain height, and are evidently giddy with the feat. The mite mounted with dreadful toil, the globe worked into shape from base material by the instinct of a tumble-bug, and saw the universe around him in the infinitude of space,—he its monarch and centre. The frisky animal who climbed the pole was happily unconscious of the poetic truth thus conveyed :

The higher the monkey climbs the pole  
The more he shows his tail.

and the Eclectics—"may profit by the example."

We will endeavor to proceed with as much gravity and decorum as the nature of the subject will permit, to notice the "transactions," and shall faithfully endeavor to ascertain whether the system has principles, or is, as some illnatured Allopaths have hinted, totally unprincipled.

The meeting was organized after the usual fashion. Dr. O. Davis, one of a standing committee, as is stated in a few short words, made a long speech, representing in a forcible manner the character and claims of Eclectic Colleges and Physicians. He urged the necessity of a high standard of qualifications, since on that lay the hopes of success. This is all very well. Of course the orator speaks well of his co-laborers; it is a foul bird that will dirty its own nest. A great deal of unction and enthusiasm prevails in the occasional speeches of the President and members. A letter of Dr. L. Oldshue offers a capital illustration of the prevailing tone of the speeches and correspondence. He regrets that he cannot attend, suggests that the "glorious cause espoused by the Association will collect a large array of influential and distinguished men, who have abandoned their pursuits and sacrificed their comfort to assemble together, etc.: and that not for their own recreation, nor to promote private interests alone, but to take part in promoting the interests of all mankind"—and the rest of the world! He goes on to show that Prof. Joe Buchanan proved, in a public lecture recently delivered in Cincinnati, that the adoption of the Eclectic practice in the United States alone would have saved over THREE HUNDRED THOUSAND LIVES per annum! Prodigious!! Marvelous and verecund Joe Buchanan!! Well may Dr. Oldshue exclaim, "What a living mighty monument!" And will it be considered strange, in view of the stupendous result, that an Allopathic skeptic exclaims, what an almighty Eclectic—that is to say, choice—fib!!! We urge you to consider, charitable and truth-loving Allopath, that the calculation is based on statistics, and that, although, you still insist, Joe Buchanan will lie, yet figures can't do the dirty thing, and all that is left



for you is to be converted into time, and ride the current of progress while you may. "The lives *we* (!) thus individually save are so many moving signs and living advertisements setting forth the value of our work and the truth embodied in our system." Here begins an episode of the Doctor's individual experience, which is exceedingly rich. "Five years ago," says Dr. Oldshue, "I commenced practice in this place, building up for myself this little monument of flesh and blood—(wonder if the Doctor is a married man)—saved from the smouldering ruins of Allopathy. Since that time I have treated over five thousand cases, and to the best of my knowledge (ahem!) not twenty persons out of all that number have yet been contributed to the Allopathic or monument of *human bones*!" Guard thy high interests, Allopathy: they are here assailed by the jaw-bone of an ass, which, if its owner were a Sampson, would bear more terror and desolation into thy ranks than did the arm of the long-haired Hebrew boy through the army of the Philistines.

A Dr. Brown next takes up the cudgels, and tells the Eclectics to stick to their principles. "Stick to your principles, Eclectics, as the pick-pocket said ven he took the gentleman's purse;" and if you happen to have no principles, why stick to them all the closer. But softly, we may be doing injustice to the Eclectics, and they may have a principle, which will appear after awhile like the dénouement of a plot. Thus far, there has been a great clamor about principles, but it has been a pig-shaving business—great cry and little wool. Probably Mr. Brown will enlighten us. He says, "The reason is very obvious to the reflecting mind why Eclecticism will supercede all other systems of medical practice." First and foremost, Brown says it will, and who should be supposed to know if Brown doesn't? And then, "Other systems of medicine are limited to certain principles and prejudices of party, so that those persons who adhere to them cannot receive all new truths as they present themselves in the light of science and observation. But with *us* no barrier"—not even owl-sighted ignorance, which sees nothing in the light of the living day, but must seek night and solitude to get by stealth a few rays of dimly reflected truth, so few and faint as to seem to be darkness to perfect vision,—“prevents a hearty reception of all discoveries, whether pathological or therapeutical.” Our Dr. Brown—not the Brown so often inquired after—was one of a committee on medical statistics, and reports to the National Eclectic Medical Association the following matters, which are surely of a national, and characteristically of an eclectic interest. The past year very healthy in—Alleghany city; no *prevailing epidemic* except Rubeola and Scarlatina: I, Dr. Brown, treated between thirty and forty cases of Rubeola, with none fatal among the number. Some of these cases were severe, accompanied with a Typhoid Diathesis and Pulmonary inflation. Under mild and safe means—"sheep sai-

from and sich"—they all recovered rapidly. Dr. Brown used the vinous Tinc. Ipecac. in expectorant and diaphoretic doses in nearly all of the cases:—gave particular attention to the "cuticular surface," ordering ablutions once or twice a day. This and similar twaddle composes the sum and substance of Dr. Brown's report on medical statistics! Why, sister Shad and Miss Barney of the Georgia Scenes would have contributed an experience in the use of "yarbs and doctor's means," a thousand-fold more valuable than this of our Eclectic, Brown. Dr. Brown had several cases, "paradoxical as it may appear," of measles without eruption. Novel and erudite Dr. Brown! Truly, knowledge is power, and "book-larning," as Dogberry discovered long since about reading and writing, comes by nature. As an explanation of the paradox, the author suggests that the disease was probably modified by the idiosyncrasy of the persons, or atmospheric influence. This is no exaggeration, indulgent but yet suspicious reader. You will find it in our copy of the Eclectic Medical Association Transactions for 1851, and we here make a reclamation, as the French say, in behalf of Dr. Brown, Dr. J.—possibly John—Brown, and bid the world bow in acknowledgement of the fact, that he—Brown—was the first to discover a measles without the eruption idiosyncrasy; and it is a peculiar and distinguished trait of Eclecticism, that "no barrier prevents a hearty reception of all discoveries, whether pathological or therapeutical." A number of cases of convulsions among children were "*invariably*" relieved by Dr. B. "*except in one or two cases*, when there was a manifest organic lesion which no system of medication could benefit." What the manifest signs of lesion were, and what the organ affected, Dr. Brown does not condescend to inform us. Lobelia is his remedy, and, take his word for it, Dr. Brown is "hell on fits." His obstetrical practice "has been very extensive. He used the forceps only once during the past year," but then we are surprised to learn, "with safety and success to both mother and child!" "The case was one of inertia of the uterus." The concluding observation of this very voluminous and learned report—not quite three pages of large type—is a beautiful admixture of quaintness and simplicity. We know not whether most to admire the unadorned matter-of-fact style in which he says the most extraordinary things, or the strength and originality of the things themselves. Judge ye readers in the difficult case:

"I believe that when the maternal organs are properly relaxed, and the state of the case requires any efforts beyond the disposition of the uterus to put forth, the use of the forceps must prove much more safe to the child than the administration of ergot, which is always attended with *some risk*!" All of which, in its full length, breadth, and profundity, is gravely and modestly submitted to the National Eclectic Association.

We respectfully submit this report on Medical Statistics to our

Allopathic friends, as a model to be studied, if not imitated. A report to a National Convention on Medical Statistics, representing the common-place experience of an ordinary practitioner in a small town, and that experience depending on the "best of the reporter's recollection" of those insignificant facts, which would scarcely have furnished items of gossip to a village coterie of grannies, may be taken as a fair standard of the intellectual stamina of the grave body that adopted and published it as a part of their transactions. Alas! Moliere, what a theme is lost to thy wit-contriving brain by an untimely death! If Heaven could only lend you to the world for a month, you would surely carry back a comedy, which, by the strong and truthful delineation of solemn and stupid pretension, as the traits might be caught from these farcical Eclectics, would set the higher world in an uproar. If there is any truth in the metempsychosis, the author of this report must be the heir to all the genius of a whole family of jackasses. We wish him a good time of it.

Next in order is a letter from Dr. C. H. Cleveland, written as if the very act of composition made him feel good all over. There is an odd mixture of associations in the letter, which puzzles conjecture in the formation of a psycho-physiological estimate of the writer's character. He is alternately pathetic in his praises of Eclecticism, and his denunciations of the old body of physicians; a swindler of political *slang-whangery*, in the perverted application of the terms *old-fogyism*, conservatism, and other equally polite phrases from a well-furnished vocabulary of vulgarity, to Old Physic, a pedant and dogmatist in the pert display of a few gaudy pinchbeck commodities of knowledge; and a phizzing squib of a critic who carps at all systems of medicine, and comprehends none. His vivacity and eagerness are like those of an unfortunate poodle who has received a dab of turpentine under his tail, aimed by the hand of a mischief-loving urchin. We cannot better express our notion of this correspondent, than by reference to a somewhat fishy saying that he is "betwixt a stool and a sweat."

The next item in order, is a report on the comparative merits of different medical systems, by Dr. Z. Freeman, of Cincinnati. Here is field and scope enough for the furniture of volumes. Old Broussais was a practical man, but it took several sturdy volumes for his condensed history of medical systems. Portal, the accomplished scholar and physician, has also given us a history of medicine: but it is enough to give one the headache to look at the corpulent volumes through which the medical antiquary must follow the clew that leads down through the dust and decay of centuries; from the old man of Cos, whose mind seemed to flash out truths which were lost amidst the fogs and darkness of succeeding ages, and again break upon the world in all their former truth, down to the living, breathing present; almost, yea, verily

within the infinitesimal fraction of a moment of Dr. Z. Freeman himself, and the National Eclectic Medical Association. What cannot genius, aided by the helps which science gives, accomplish! That achievement which caused Portal and Broussais the toil of years, and still left the world in controversy upon the contending field of medical systems, has been simplified by the intellect of Freeman into the intensity of less than a page. Millions of living beings had seen an apple fall from a tree before Sir Isaac Newton observed the same; but who before him possessed the divine perception which led him from that common fact up into the clear communion of the sublimest mysteries of the universe? And who, but Freeman, could, in the miraculously short space of seventeen lines, even with the assistance of the National Eclectic Medical Association, have struck out the clear, conclusive solution of a difficulty, which, like Newton's apple, dates back through centuries? There is something akin to the Roman imperiousness of Cæsar's "Veni, vidi, vici," in the sententious announcement of Freeman, that "the results of Allopathy, Hydropathy, and other practices, are not satisfactory to the majority of the thinking community. Homœopathy in this city is slowly on the wane, Eclecticism is gaining ground rapidly, and our best citizens are adopting it in their families. Its superior efficacy, not only in the treatment of diseases in general, but in its application to surgery," etc. For comparative statistics to illustrate Dr. Freeman's septuadecimal report on medical systems, we are referred to Dr. Brown's three pages of National Statistics, gathered from the "best of his recollection" of a private and uneventful practice in Alleghany City. Who would desire a more complete body of evidence than is here furnished? It would not, in all probability, satisfy Locke, or Whewell, or Paley, or Whateley, or Starkie; but then they were not Eclectics, and who does not know the power of prejudice?

A report on Dispensatories, by Drs. King and Newton, is done up in the same business-like style. There is a penury of words and grammatical proprieties, representing, we suppose, the inverse ratio of the wealth of ideas. There is no perceptible process of comparison and analysis: synthesis and analysis are not Eclectic processes. The committee very modestly but frankly state that since the last annual meeting of the Association, there has been issued a work, entitled the "M. E. (Methodist Episcopal?) Dispensatory of the U. S.," by King and Newton—(ahem!)—both of whom are members of this committee; and as a direct corollary of this fact, they recommend King and Newton's Dispensatory as the very best to be had; indeed, when we consider that "there were no works on this subject," and that the materials existed "in an indefinite and scattered condition," the only wonder is that the M. E. Dispensatory was ever got up at all by King and Newton. "Although it has been in print for about seven months,"

the profession of every denomination take it eagerly, as children do worm lozenges, and are clamorous for more. The committee, therefore, recommend the above work, and the most captious Allopath will not deny that King and Newton as committee men of the Eclectic Ass.—how my pen halts at the impertinent abbreviation—may speak of the doings of King and Newton as editors without laying themselves liable to a charge of vanity and egotism.

The next document in order of publication is a letter from Prof. R. S. Newton, of Cincinnati. Prof. N. was anxious to meet and become personally acquainted with his fellow-laborers in the cause of Medical Reform, for, he assures the convention, "there is no class of men for whom I feel an attachment so near and so strong, even as I believe there is no other movement in Reform more important than this." He enters into a defence of the "free school movement" in Cincinnati, and assures his brethren that it was not undertaken in a spirit of monopoly, or from a desire to arrest the progress of other schools. Our readers are probably aware of the fact that the Eclectics of Cincinnati have nominally started a "grand national Eclectic free medical school for the purpose of sending abroad in the land a large number of well-educated physicians." A fee, however, is required of every student in attendance, and certain perquisites enure to the professors. Altogether, it is a cheap concern, claiming the dignity of a great charity. But, admitting it to be what it professes to be—a free school—we have always felt that the arrangement recognized a relation between cost and value so just and conscientious, that although the student might pay nothing, he would be sure to receive a full equivalent for the money spent in the shape of Eclectic teaching, and that justice and good faith being thus observed, surely no one had a right to complain.

We must hasten on to the more important portion of the publication—the address, reports of committees, etc. The address of Dr. O. Davis is the first in order.

The Doctor labors under an overpowering sense of the importance of the "Eclectic Reform," and begins his address in a correspondingly grandiloquent style. "It is enough that our art is exercised for man's good—even while pregnancy is anticipating birth, that it cares for his infancy, alleviates the ills of childhood, and even through manhood and old age aims to minister to his health and happiness, etc. Man then is the subject of our labor and our care; we study his physical formation, we pry into the secrets of his physiology, and we are attempting even to solve the problem of vitality, and the mysterious union of mind with matter; and if we fail in understanding this, we still labor on, studying his intellectual powers and his moral tendencies, as well as the dangers which beset his physical organization. . . . We explore earth for remedies, we search the animal, the vegetable, and the mineral kingdoms, and sometimes (!) resort to the

chemist's laboratory for combinations which nature does not afford. We inquire into the causes of disease, and question all influences, whether in the sky above, or in the earth beneath, whether of growing or decaying substances. We even estimate the effects of light and darkness, of storm and calm, of drought and humidity, and frame a morbid constitution for imponderable agencies! And finally—mark me, Master Brook—we meet here to reveal our discoveries, to make known improvements, to advance in theory and practice, and by our united labors and *wisdom* to contribute to the welfare of mankind." But even this is not all "*we*" intend to do. We convene as a national association of *Eclectic Physicians*, etc. We are neither Homœopathists nor Hydropathists, Allopaths, nor Steamers: Pseudopathy is our profession, and we find "good in everything"—except mercury and a few articles of the *materia medica*, which we presume, in our supreme discretion, to denounce for purposes of private speculation.

Our orator asserts that Allopathy is not sufficiently liberal! Robbed, to supply the little virtue that belongs to all the quack denominations, and then ridiculed by the fellows themselves, because of the success of the larceny! We grow weary of the tame and empty pedantry of this discourse, and must hasten in our work.

Dr. Davis asserts that *Reformers* have accomplished another important end, in calling attention to Hygiene. It has been the "peculiar province of Reformers in medicine," to call attention to "individual constitution, climatic and meteorological phenomena, diet and regimen," and to "reform out" abuses. Among all the volumes which fill shelf upon shelf of our libraries, containing the record of the doings of science in behalf of humanity, there are multitudes of names which are, and will be honorably associated in the annals of medicine, as benefactors in their time; but nobody has ever been able to find in the honored scroll inscribed the name of a "Reformer," as that term is understood and employed by Dr. Davis. The claim thus set up by the Eclectics is so singularly absurd that we cannot give it serious notice. "Physiology is now popularized," says Dr. Davis, but he has not the audacity to assert that the Eclectics have rendered it popular—save the mark!

The orator speaks so frequently of "heroism in medical practice," that we felt curious to know what he meant by the term; our investigation has not, however, revealed to us the key to the phrase. He seems desirous to produce the impression that Allopathic practice is restricted to the employment of the lancet and mercury, and that the Allopathic physician is an ogre who revels in human blood, and finishes by poison that which the steel failed to accomplish. In beautiful contrast with this dark picture of bloodshed and outrage, the orator delineates the Eclectic practice

in all its humanity and all its success; preserving hundreds of thousands of lives, and building "living monuments of its beneficence to advertise the world of its blessings;" and where reason would put in a plea to the intelligence and competency of the humble ministers in this great work, faith points to the evangelical period when wisdom fell trickling from the lips of babes, and fools became oracular with unconscious knowledge, and we are almost persuaded into the belief that the day of miraculous inspiration is not gone, and that the Eclectic reform is not—as it otherwise must be—an anachronism.

The orator admits that the Eclectics possess an overweening self-confidence, "which undervalues thorough attainments." There is among us a redundancy of superficial acquirements. There is a plethora of self-esteem, and too many seem to think they know already more than they can contain—vessels of small calibre are easily filled—"and if they attend upon any medical institution, anatomy is not practical, physiology is all theory, chemistry they cannot understand, surgery they don't profess, midwifery they understand—but obstetric instruments are weapons of slaughter—and in theory and practice they are original and can succeed better than any professor!" The sheep-skin is all that is lacking to make the simple brute perfect, and that, thanks to Buchanan & Co., is easily obtained, and without cost, to render the Eclectic aspirant the bell-weather of as complete a flock as ever browsed in the fields of folly and pretension.

Dr. Davis alludes to the "free-school" movement in terms of disapprobation. Eclectic teachers, although a very windy set, "cannot subsist on air!" We would suggest a diet of beans. It would require more space than we can allot to Dr. Davis to follow out his argument on the subject of free teaching, and we bid him a respectful adieu, barely commending to him, by way of P. S., those lines of Pope, "a little learning is a dangerous thing."

Report A, on medical literature and text books, by R. S. Newton, M. D., is an elaborate and valuable document, somewhat more than a page in length. Dr. N. recommends Dr. Hill's Eclectic Surgery, Beach's Practice, and doesn't recommend Saunders' Gregory. This is about the sum total of Dr. Newton's Report—full, but terse and sententious.

Report B, on Obstetrics, brings us again in the company of the accomplished Dr. Oldshue, whom we have already had occasion to mention in eulogistic terms.

"During five years' general practice in the city of Pittsburg, in which time I have treated over five thousand cases of disease, a considerable number of obstetrical cases have come under my notice." In no single instance did the Doctor of Report B, have occasion to use the forceps or any surgical instrument whatever—"save for the division of the umbilical cord!" nor do I believe, says he, that labor would have been facilitated by their use, in any instance, etc.

### PART III.---EDITORIAL.

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**PROSPERITY AND PROGRESS OF THE INSTITUTE.**—Never was the Eclectic Medical Institute in a more flourishing and progressive condition than at the present time. The most numerous class ever assembled in Cincinnati, has occupied our halls during the session which has just concluded. Next winter we look forward to the occupation of a spacious and well-furnished edifice, and for the present spring session an ample clinical hall in our new hospital, enlarges the sphere of our usefulness. In respect to numbers, intelligence and respectability, we may well boast of our winter's class, as a noble contribution to the army of reform. The Medical schools of Louisville, St. Louis, Charleston, Cleveland and Columbus—the University of Virginia, and the University of Pennsylvania, as well as the different schools of Medical Reform, are represented in our class, in addition to the usual supply from the offices of Eclectic physicians and from the liberal class of the community.

Nor is this numerous class a heterogeneous collection of hunkers and progressives. On the contrary, a spirit of reform and improvement appeared to animate the entire body—their zeal in the acquisition of knowledge, never objected to the arduous valor of attending seven lectures daily, but eagerly received all the additional instruction, and evening lectures which the faculty found time to give, and would even have received more with pleasure.

The proposition to complete and furnish the edifice of the Institute, met with the hearty approval and support of the class, and subscriptions to the amount of upwards of sixteen hundred dollars were voluntarily tendered to the Faculty by different members of the class, to aid in the accomplishment of their purpose, and were accepted with no little pleasure, as an evidence of the fact that the exertions of the Faculty were justly appreciated by their students.

This remarkable prosperity and success of the Institute in the prosecution of the free school movement, necessarily arouses all the elements of opposition and hatred. Medical schools which see in our success their premonitory symptoms of decay, must necessarily feel disposed to assail the Institute for their own benefit. Hence the scurrilous article which we copy in this number, from the *Transylvania Journal of Medicine*, an appendage of the Kentucky school of Medicine at Louisville. Even in some reformatory Journals we observe croakings and insinuations against the Institute, because it has *diminished the profits* of the *business* of medical teaching.

But the most malignant opponents of the Institute are not Old School partisans who dread a diminution of their collegiate classes, but the miserable specimens of narrow-minded professional incompetence who have been seeking to fasten themselves as leeches upon the Eclectic movement, and to extract from collegiate classes a professorial salary, paltry, it is true as to its entire amount, but still highly important to individuals who have not the talents or reputation necessary to sustain themselves in other pursuits.

The influences which have heretofore controlled the Eclectic Medical Institute have sought to elevate this school above the poor mediocrity in which it would have been retained by such incumbrances, and as one after another is cast off, nothing else could be expected, but that they would become the enemies of the Institute when it no longer served their selfish purposes.



The Faculty have been exceedingly kind and forbearing heretofore, in reference to these discharged professors, but, as this kindness has not been duly appreciated, we are no longer bound to withhold the truth when it is required in self-defence. When expelled professors are willing to leave the Institute undisturbed in its course of usefulness, we are willing to pass their demerits in silence, but when they exert every faculty they possess to prostrate the cause to which they professed devotion, and circulate secretly nefarious slanders, justice requires that we speak the homely language of truth in reference to our assailants.

The first specimen of incompetency we shall notice is Dr. Beach. A feeling of kindness, on account of his past services led to his selection as a professor of the Institute. The discovery of his utter incompetency as a teacher totally destroyed all desire in the Faculty to retain him; but still, in order to treat him with as much respect as possible, his name was retained as an emeritus professor in the announcement of the Institute, until the Faculty were absolutely ashamed to retain it any longer, and silently dropped it, desiring to be relieved from all further association with him in the public mind. His silly and undignified professional course and literary plagiarism have so lowered the reputation of reform wherever he has been, as to prove a serious injury to medical reformers. If Dr. Beach denounces the Institute he but acts as we supposed men of his calibre and character would. His age and mental weakness protect him from any further comment.

In regard to Dr. A. H. Baldrige we need not say a great deal. All the old students of the institute know how the classes have been bored and oppressed in past times by sitting under the dull, tedious, illiterate and unconstructive lectures of Dr. B., as Professor of Obstetrics, and how anxious the friends of the Institute were that the Faculty should be improved at least to the extent of dismissing Dr. Baldrige. The Faculty were at length compelled, by a sense of their duty to the Institution, to address him a plain letter upon the subject, and to speak to him pointedly in such a manner as to procure his resignation without calling upon the Board of Trustees. It is also well known that the egregious vanity of Dr. B. led him to suppose himself the main pillar of medical reform, and to attempt at Louisville the establishment of a model school of medical reform. It is also well known that in this *quasi* school, Dr. B. placed one Professor still more illiterate than himself, (who could not distinguish *nitre* from *muric acid*), and contended they were the same substance), and another of infamous moral character, etc.; a faculty altogether without reputation and incapable of sustaining a school, being themselves, upon the whole, below mediocrity. This enterprise was a disgraceful failure and a burlesque upon reform. But it did not die without evincing its contemptible spirit, in making a basely slanderous attack upon the Eclectic Medical Institute, to which a wide circulation was given, although at the same time the Faculty secretly boasted that one of the editors of this Journal would become one of their associates, taking good care to conceal the fact from us.

Next to Drs. Beach and Baldrige, we were compelled to rely on ourselves from Dr. L. E. Jones, in whom moral obliquities were even more annoying than his intellectual defects. Intensely selfish, avaricious and penurious, destitute of all liberal progressive and generous impulses; he has long been a far more serious clog to the progress of the Institute than either of his predecessors in incompetence. Jealous, envious and stubborn to the last degree, he has alienated himself from his colleagues, and quarrelled openly or secretly with almost every member of the Faculty since the school has been in progress, excepting those with whom he sympathized in illiterate narrowness of mind and in Old School hunkerism. He has at different times assumed a position of violent hostility and antagonism to Professors Gatchell, Hill, Freeman and King, and had his power been equal to his malignity, would not only have driven these four individuals from the school, but would also have expelled Professors

Buchanan, Newton, Sherwood and Bickley, leaving the school in the hands of himself and such obscure individuals as might have been content to play the part of humble satellites to himself, a position which would never have been occupied by men of any reputation or even proper self-respect.

To detail all the acts of personal insolence, ungentelemanly rudeness, and avaricious meanness which have rendered Dr. J. personally obnoxious, would be a tedious and unpleasant task. Suffice it to say, that after carrying on a course of contention with the remaining members of the Faculty during the year 1852, which had nearly disorganized the school, and would have resulted in its entire prostration, but for the faithful adherence of two members of the Faculty, he was still permitted to occupy a position in the Institute in a chair which he would allow no one to fill but himself. He was permitted to occupy this position with the full knowledge of the Faculty that he had been intriguing against them; that he intended to assail them publicly and privately in the course of the coming session, and that he had made negotiations for the establishment of a rival school. But he was permitted to occupy his chair only on condition of totally suspending his warfare against the Faculty and confining himself to his duties. He was arraigned for his turbulent conduct before the Board of Trustees and was then and there required to pledge himself to the observance of the following resolution as adopted by the Board:

*Resolved*, That no member of the Faculty should bring before the class any subject of faculty action, and that no member of the Faculty shall address the members of the class either publicly or privately in a manner disparaging or unfriendly to his colleagues.

Upon his assenting to this pledge, he was on motion of Dr. J. R. Buchanan, appointed to the chair of Theory and Practice of Medicine, which had been vacated by Dr. Jones of Columbus, in consequence of dangerous ill-health. Whether the Faculty and Board were justifiable in making such an appointment, knowing that Dr. J. was not a practitioner of medicine and had not been for several years, but was much behind the times in medical science, knowing that better appointments could be made, and knowing the character of the man, and the extent to which his presence would endanger the permanence of the school, we need not stop to enquire. Their motives were good. They wished to avoid the appearance of dissension and to compromise difficulties if possible. They were willing to take Dr. Jones on his pledge, give him a position which he did not deserve, and avoid discord at the critical introduction of the new system.

Dr. Jones had no intention of making peace. Even on the very evening of taking this pledge, when the members of the Faculty and Board were congratulating themselves on the adjustment, he told a member of the Board that the difficulty was not settled, and the matter would not remain as the compromise had arranged it.

As the session advanced, slanderous remarks and intrigues against his colleagues, proved that both publicly and privately, he was disposed totally to disregard the pledge. At the same time he treated with contempt the regulations of the school and the authority of the Faculty, evincing a determination to undermine the reputation of his colleagues, and to exhibit himself as the sole authority of the Institute. The patience of the faculty was exhausted in the first two months, and prudence admonished them to put an end to the evil before greater mischiefs should arise, and the Faculty and class be broken up for the session. Co-operation being utterly impossible, even under a solemn but violated pledge, the Faculty unanimously united in sending Dr. J. a respectful request to resign his chair for the preservation of the school, which could not otherwise be held together through the session, as members of the Faculty were determined to withdraw if they could not be relieved from his insults.

This reasonable request of the entire body, to a minority of one, was unanswered except by a verbal demand for money as a compensation for withdrawing. The Faculty, in the last week of December, appealed to the Board of Trustees to relieve them, and the Board, with only a single exception besides himself, unanimously removed him from the chair. Prof. R. S. Newton, the most prominent Eclectic practitioner of Cincinnati, was then appointed to the chair of Practice, and Prof. Freeman to that of Surgery. At a subsequent meeting, Dr. Jones was removed from the office of Treasurer of the Institute, and Dr. Newton, the Treasurer of the Faculty, was appointed Treasurer of the Board.

The charges preferred against Dr. Jones, by the faculty, at the time of his expulsion, we do not propose now to discuss, as time and space forbid. Since the expulsion, the course of Dr. Jones has done much to prove more clearly the propriety, and indeed the absolute necessity, of his expulsion; and has excited the thorough contempt and disgust, of many who had previously supposed him although capable of errors, to be possessed of some respectable

traits of character. Unlike every other professor who has left the Institute, he has delivered a succession of tirades against the school, to a small portion of the class who were attracted chiefly by motives of curiosity to hear what he had to say. These tirades, together with a course of lectures upon medicine, occupying about two hours each evening, were his employment, for the remainder of the session; but so entirely unworthy of respect had he rendered himself, that, although the class were earnestly and repeatedly invited to attend his lectures, gratuitously, there were not more than fifteen or twenty who attended through this private course. A course of gratuitous lectures, upon practical medicine, at hours when the students were not occupied, coming from any respectable source, would have been attended by the majority of the class; and nothing more clearly exhibits the entire contempt into which he has fallen with intelligent young men than the scanty numbers which he could induce to listen to him, even when under the highest excitement connected with his dismissal. As to the falsehoods contained in these tirades, want of space also compels us to omit any notice.

His associations, since his expulsion, have been with the enemies of the Institute, discharged professors, disappointed aspirants and the active untiring enemies of Eclecticism and the Institute. Dr. Baldrige co-operated in his lectures, although the joint attractions of the two ex-professors collected an audience of but twenty-four. Drs. Baldrige and Beach have been announced by rumor as his co-operators in establishing a rival school. A more appropriate combination of imbecility and unfitness, than these three would present, can scarcely be imagined. Negotiations were also opened with the Physio-medical, or Physio-pathic party, and Dr. Curtis, the most active and slanderous opponent that Eclecticism has heretofore had, who never loses an occasion to misrepresent the school and its doctrines, was one of this co-operators. Writing to distant parts of the country, that the Eclectic Medical Institute would probably fail to hold a Spring session, which he knew to be false, and that Dr. Jones, with former members of the Physio-pathic School, were organizing a new school, to go into operation forthwith. While false reports were put in circulation with references to the establishment of a new school for the Spring session, equal activity was displayed in circulating rumors to the remotest parts of the country, that the Eclectic Medical Institute had been broken up by a rupture of the Faculty—that a large portion of the class had left immediately upon Dr. Jones' expulsion, and that it was needless for students to come to Cincinnati, with a view of attending our Spring course. All who entertained any friendly regard for him, were earnestly begged to write to every quarter of the country, and send the distorted version of facts, which was furnished by himself. Students were diligently sought, courted and visited at their rooms, for the purpose of creating by censorious remarks, dissatisfaction against the Faculty, while the threat was held out of a strong expression of dissatisfaction from a large portion of the class, which had no substantial foundation, except in his own malignant suggestions and his wish to injure several members of the Faculty, whose courses of instruction, nevertheless, were so thorough and satisfactory, as entirely to foil his purpose.

Having thus failed in every attempt to divert the class—to injure the school—to create dissatisfaction—and to organize an opposition movement, he has finally resorted to the publication of a pamphlet, so utterly preposterous, so ridiculously and maliciously false in almost every statement, as to furnish the best possible evidence of his unfitness to associate with honorable gentlemen,—his disregard of truth, and his entire blindness to every thing but his own selfish interest, and malignant passions. To review this pamphlet thoroughly, would be a tedious task indeed. Its object is to sow dissension in the ranks of Eclecticism, and to divert students from attending the Spring session of the Institute. It is therefore urgently necessary, that our reply should be sent forth immediately; and both time and space forbid a full analysis of the falsehoods of the pamphlet. The pamphlet in question, has almost an anonymous character, as it purports to contain statements representing the sentiments of the class, to which there is not appended the name of a single member of the class—extracts from letters with the names of the writers omitted, and statements or essays, by Drs. Jones and Baldrige, with a series of resolutions, purporting to be adopted at a numerous meeting of Eclectic physicians of Cincinnati and vicinity, which meeting so far as we can learn, consisted simply of Dr. Baldrige, Dr. Jones, and a few personal friends. If there were any others, we have not been able to hear of them, and we challenge the production of their names. If any responsible persons and physicians can be found, excepting three or four disappointed office-seekers, whom the Institute cannot honor with an appointment, who will endorse these puerile falsehoods, we shall be gratified to learn their names, and give them their due position before the public. There are not at the present time more than twenty Eclectic physicians in Cincinnati and its immediate vicinity, if there are so many, and if there are three individuals, of the whole number, excepting the disappointed office-seekers, before mentioned, who would not indignantly spurn this slanderous pamphlet we know not their names.

The infamous trickery of sending forth such a pamphlet as a representation of the sentiments of the Eclectic physicians of Cincinnati, at a meeting numerously attended, and as the sentiments of the Eclectic Medical Class, is, in its moral aspects, but little short of a forgery. What are the real sentiments of the Eclectic Medical Class, may be learned by their report, which has just been handed in for publication, and which we herewith submit :

ECLECTIC MEDICAL HALL, Cincinnati, February 17, 1853.

At a meeting of the class of the E. M. Institute, Geo. LUNDY GIBBS was called to the Chair, and E. H. WAUGH appointed Secretary. On motion, a committee of five was appointed to draft resolutions expressing the views of the class regarding a publication recently made, purporting to be a report of the proceedings of Eclectic Physicians held in Cincinnati February 7, 1853, and signed by A. H. Baldridge, M. D., President, and S. Kyle, M. D., Sec'y.

The following gentlemen were appointed said committee: B. Pickering, T. R. Ward, W. S. Severance, T. C. Ellis. The meeting then adjourned until to-morrow, February 18.

February 18, 1853. The class met pursuant to adjournment. The committee presented the following report, which was adopted.

G. L. GIBBS, *President*.

E. H. WAUGH, M. D. *Secretary*.

WHEREAS, we have carefully read a pamphlet against the Eclectic Medical Institute, recently put forth by Dr. L. E. Jones, signed by A. H. Baldridge, M. D., President, and S. Kyle, M. D., Secretary, purporting to represent the sentiments of the Eclectic Physicians of Cincinnati and vicinity; and whereas, we know of but one Eclectic Physician entertaining such sentiments, excepting the two whose names are signed to the pamphlet,

1st. *Resolved*, That we regard this pamphlet as an imposition on the public whom it addresses under the false pretence of expressing the sentiments of the Eclectic Physicians of Cincinnati and vicinity, when in reality it expresses only the ideas and language of Dr. L. E. Jones, which are prompted solely by the desire to inflict injury upon the most successful, talented, and efficient school of Medical Reform now in existence.

2nd. *Resolved*, That the entire pamphlet is filled with a series of slanderous misrepresentations, which render it entirely unworthy of public confidence, and prove that its author has but little regard to the claims of truth and honor.

3d. *Resolved*, That the assertion that the class *generally* sympathize with L. E. Jones, and approve his course, is a slander upon the class.

4th *Resolved*, That the assertion that seventy or eighty students left the Institute on account of the expulsion of Dr. L. E. Jones, and the "inefficient teachings of the Faculty," is grossly false, as it is well known to the entire class that the number of students in attendance upon the lectures immediately after the expulsion of Dr. Jones instead of being *diminished* was actually *greater* than it was immediately previous to that act.

5th. *Resolved*, That we feel assured and that many of the present class positively know from their own attendance that the doctrinal teachings of the E. M. Institute are in substance and spirit the same at present that they have been from the first organization of the school, and that the assertion of Dr. L. E. Jones to the contrary, are the mere offspring of chagrin and disappointed ambition.

6th. *Resolved*, That the imputations of chicanery and fraud against the present Faculty are utterly groundless, and are disgraceful only to the slanderer who utters the ridiculous charge.

7th. *Resolved*, That the expulsion of Dr. L. E. Jones was an act of necessity, for the preservation of the Institute, and that the assertion that he was

expelled on account of his opposition to homœopathy is a falsehood so totally groundless as to prove its author capable of fabricating falsehoods without a scruple.

8th. *Resolved*, That when the announcement was made that Dr. L. E. Jones had been expelled from the Institution, that the class received the announcement with "sadness and silence," "with surprise and mortification," by the members of the class in general, is very far from truth; the truth being that the announcement was received and applauded with unusual interest, as the class knew that he could not longer remain in his chair and harmony prevail in the Institution.

9th. *Resolved*, That the reiterated statement that numbers of the class have been compelled to attend private courses of lectures, and further, that the lectures have been deficient in the Institute in consequence of said courses of lectures is unqualifiedly false; the lectures on the contrary having been full and complete, and entire satisfaction has been given.

10th. *Resolved*, That the unanimous action of the faculty in expelling Dr. L. E. Jones has resulted in harmony and good feeling in the Institute, which did not and could not have prevailed so long as he was permitted to indulge in a tirade of personal abuse of the professors, and indulge in vulgarity which was unbecoming a gentleman, much less a man whose greatest interest is for the "unsuspecting and too confiding youth" of the E. M. Institute.

11th. *Resolved*, That we regard Professor Bickley not only as a good lecturer, but as an efficient and instructive teacher, and that he has the esteem and confidence of the class.

12th. *Resolved*, That we cannot too strongly disapprove of the thrusts made at Professor Buchanan, which deserve a prompt condemnation of all favorable to the cause of Eclecticism, as he has done more than any other individual, excepting the lamented Professor Morrow, to forward the cause, and as much depends on him as the able and devoted supporter of Eclecticism, such slanderous attacks cannot too promptly meet the disapprobation of all true Eclectics.

13th. *Resolved*, That the E. M. Institute was never in a more prosperous condition, never more harmonious, never on a firmer basis, never were the teachings more thorough and satisfactory, never before were the future prospects more cheering and hopeful than now.

14th. *Resolved*, That the assertion of Dr. L. E. Jones, that he was expelled because he opposed the doctrines of Hahnemann, is utterly false and groundless, as the subject of Homœopathy, so far as we know, was never a matter of discussion or difference between the members of the Faculty, and he was never, as far as we know, censured or opposed by any one for the views which he expressed on the subject. In all the charges against him we have never heard the subject of Homœopathy even alluded to, although we have heard many other charges against him, of a very serious character.

15th. *Resolved*, That the assertion, that the Faculty of the E. M. Institute are departing from the plain, practical course of teaching, which has heretofore been pursued in the Institute in the time of Dr. Morrow, and that the Faculty have become partly Homœopathic and partly Allopathic or "Old School," is a slanderous falsehood, which is not only entirely groundless, but is certainly the very reverse of the truth; since in the time of Dr. Morrow the Faculty embraced one member of the Old School Allopathic party, and one member of the Homœopathic party; whereas at this time there are no such encumbrances upon the school; and the whole course of teaching in the Institution is solid, practical, and truly Eclectic, as that term has always been understood by the great mass of Medical Reformers in America.

16th. *Resolved*, That the assertion that the teachings of Prof. Buchanan are ethereal, wild, incoherent, and visionary fancies, and that they are calculated to subject the graduates and students to "unmerited reproaches and contumely",

we feel it our duty to deny, as we have heard from the chair which he occupies nothing but a clear and simple explanation of the physiological and pathological subjects which belong to his department presented in a peculiarly original manner, and embracing much important and practical matter, not obtainable from any work with which we are acquainted, or taught in any other Medical School of which we have any knowledge.

17th. *Resolved*, That those who have become acquainted with his wonderful accessions to science do universally accept his teachings as supplying a great vacuum in science, that they are in perfect accordance, as we most firmly believe, with the great laws controlling the animal organism, and that his discoveries in physiological science, have rendered parts of the science heretofore obscure and mystified, clear and plain as any fact in science.

BARTON PICKERING,  
THOS. R. WARD,  
W. S. SEVERANCE,  
T. C. ELLIS,  
GEORGE KELLER.

}  
} Committee.  
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The above is a fair expression of the sentiments of the class, and the sentiments which will generally prevail, wherever the facts are known. It is not the product of a private caucus, in a little private apartment, of two or three disappointed office-seekers, but the expression almost unanimous, of the sentiments which animate the largest medical class ever assembled in Cincinnati;—a class containing a large number of skillful and experienced physicians.—men of mature age, from thirty to fifty, and of established reputation in their profession. We learn from an officer of the meeting, that there were but two members in the entire class, who did not entirely approve the sentiments and character of the resolutions, which were adopted, and we are only surprised that there was not a greater diversity of sentiment, in so large a number of individuals, after so strenuous and persevering efforts had been made to mislead them, in reference to the policy and action of the Faculty; efforts which the Faculty for two months passed by unnoticed, and which had a fair opportunity to produce their expected effect before the Faculty had uttered a word in self-defence.

Here we might appropriately drop the subject, leaving the falsehoods of Dr. Jones nailed to the counter, by the very individuals—the members of the class, whom for the past four months he has been endeavoring to delude by cunning slanders. But justice to ourselves requires that we should notice somewhat further this miserable tissue of misrepresentations. The persevering effort of Dr. Jones, for the last two months, to produce the impression that the Eclectic Medical Institute had completely changed its doctrines and modes of teaching, are not only ridiculously untrue, but basely false; being a direct contradiction of his own published declarations. It is but a short time since the same miserable twaddle about the Eclectic Medical Institute departing from its fundamental doctrines, and liberal principles, was circulated by one of Dr. Baldridge's professors, at the city of Louisville, in a newspaper that was published until it was starved out, as the organ of their pseudo Eclectic school. These charges were widely circulated through the country, and required a notice in the pages of the Eclectic Medical Journal. In addition to our editorial notice, Dr. Jones, himself, wrote a reply, which we here present:

**EDS. E. M. JOURNAL.**—An article recently appeared in the Medical Era, the organ of the Reformed School of Medicine in Louisville, Ky., edited by Prof. J. H. Jordan, over the signature of Prof. C. J. Childs, of that school, in which the writer attempts to prove that the Eclectic Medical School of Cincinnati is fast losing its reformatory character, and relapsing into a state of hunkerism.

The writer evidently desires to elevate the Institution to which he belongs, at the expense of the Eclectic Medical Institute of this city, and not, as I conceive, by fair argument, or by maintaining truth, but by making assertions totally destitute of either. Had the article emanated from a different source, I should not have been disappointed; but that Dr. Childs should lend his name to propagate a charge wholly destitute of foundation, occasions in my mind not a little surprise.

The object of the writer no one can mistake. I learn that he and his coadjutors have distributed this article among Eclectics, so far as they could ascertain their location, throughout the west. In it the Dr. invites the friends of true reform in medicine to come to Louisville, where they will get reform pure and unadulterated, in the school to which he belongs; while in Cincinnati they will get a little Homeopathy, a little reform—very impure, however, and much that is Allopathic, or real hunkerism.

I am much surprised at the arrogance assumed in the declaratory article of the youthful champion of Medical Reform. A parallel to it is only found in the practices pursued by designing self-interested, and dishonest politicians.

Now, what are the facts in the case? Not a single man in the Faculty inclines to either Allopathy or Hunkerism, or to Homoeopathy, further than a spirit of enlightened and liberal investigation should prompt him.

Those to whom the practical departments are assigned, are among the oldest, most zealous, firm, and devoted advocates of Reform in Medicine. They are men that have never wavered; they have advocated the imperative necessity of a Reform in the healing art, and have earnestly maintained that, although there might be errors and defects in the American system of Medical Reform, yet they believed the great principles upon which it was based, presented more to recommend it to the confidence of the public than any other system of medication whatever.

There is at this time not one in the Faculty who believes in the ultra grounds taken by either the Old School or the Homoeopaths. Indeed the School, as now organized, enjoys greater freedom from either influence than it has at any former period since the charter was obtained. All the exorcises and influences adverse or foreign to the most liberal, enlightened, and progressive Medical Reform are cut off. The School is now free, with a better organization, as I verily believe, and with a better prospect for future usefulness and eminence, than ever before existed.

I repeat we are now free from uncertain, vacillating, visionary characters on the one hand, and Allopathic hunkerism on the other. With the energy and fixedness of purpose possessed by the present Faculty of the Institute, I trust we shall be prepared to meet and overcome all the false insinuations and slanderous predictions and publications, designed to injure the cause of Eclecticism, or the Eclectic Medical Institute, whether they emanate from open enemies, or selfish and interested Reformers, who would dishonor the cause by perverting truth, in order to elevate themselves.

When the Institute abandons the radical reformatory ground which it has ever advocated, and which has exerted such a salutary, though perhaps in many parts silent influence upon the old and destructive mode of medication throughout the country, I pledge myself to its friends and the friends of the cause, to abandon it. I admonish them, however, to be upon their guard—to pass such statements, whether emanating from Dr. Childs or any one else, as the machinations of its enemies—as the ebullitions of designing men, who wish to build up their individual interests, and sustain their own selfish purposes by the injury of the Eclectic Medical Institute.

NOVEMBER, 1852.

L. K. JONES.

At the present time, the Faculty whom Dr. Jones would vilify, are substantially the same Faculty which he himself vindicated against the charges of Baldrige and his associates. Drs. Buchanan, Newton, King and Freeman, whom he vindicated so earnestly, are still members of the Faculty. Dr. Hoyt, was of the entire Faculty his especial favorite, whose appointment he zealously urged, and whose orthodoxy he personally endorsed against the charge he now makes. Dr. Sherwood is a graduate of the Institute, the old pupil and intimate friend of Prof. I. G. Jones and Dr. Bickley, the most recent appointment was selected and assigned to the department which he occupies, by Dr. Jones himself, in conjunction and consultation with the Faculty and Trustees. It is obvious, therefore, that Dr. Jones' former language constitutes the most perfect endorsement of the doctrines as well as the character and capacity of the present Faculty—the very same Faculty he endorsed with the exception that his own place is occupied by Prof. Bickley—Dr. I. G. Jones is substituted by his friend and pupil, Dr. Sherwood, and the place of Prof. Sanders, is occupied by one whom he commended as vastly superior and more reliable. Such was the position assumed until it became necessary to expel him from the Institute, when, in order to more fully illustrate the adage that great liars have short memories, he reiterates with furious exaggeration, the very same charges, which he himself had formerly and justly denounced as slanderous. Nay, more, he associates with the authors of these slanders, and they heartily co-operate in circulating that which one knows to be false, while the other in his dotage and mental imbecility, can scarcely be held responsible for the extent of the falsehood, to which he has signed his name.

Having thus disposed of his assaults upon the general character of the Institute, we briefly notice his individual attacks. As to the charge that his comfort was disturbed while in the school, by the encroachment of another professor, there is no foundation whatever for the assertion. It is true that a private course of lectures on chronic diseases was given by Prof. King, and attended by students belonging to the class; and the additional facilities for medical knowledge, which might thus be afforded by additional private courses of lectures, have always been regarded by the Faculty as a valuable appendage and attraction of the Institute. Nor would any other member of the Faculty have objected to truly scientific medical lectures upon any department. No Professor, unless besotted by ignorance, jealousy and the consciousness of his scientific deficiencies, would object to students acquiring any knowledge from books or lectures in addition to that which he could give them; and the fact that Dr. J. made so furious personal attacks upon Dr. King and the members of his class, furnishes a striking evidence of his own consciousness of mental inferiority, and his determination to tyrannize over all who were not willing to confine their knowledge to the narrow limits of his own. When Dr. King introduced subjects to his class connected with the departments of other Professors not a word of comment or disapprobation was uttered by any, for it would be contrary to the fundamental character of a liberal school, to wish to restrict the pursuit of knowledge in any direction, or to confine pupils to the dicta of any professor. What better evidence could be given that Dr. J. was entirely destitute

of the liberal spirit which ought to be cherished by every professor of a reformatory school?

The contemptible remarks about the relations between Prof. Buchanan and the members of his classes, could have originated only in a mind so stultified by paltry jealousy, and avaricious meanness, as to be incapable of comprehending the simplest propositions in the English language. While Prof. Buchanan is denounced on the one hand for introducing the physiology of the brain into his regular course of lectures, he is still more furiously abused because he did not introduce subjects entirely foreign to his department as commonly understood, and superadd all the higher doctrines of Phrenology, Pneumatology, Mesmerism, etc., which he regarded as non-essential to Physiology, and the Institutes of Medicine, and which he taught in a private course, at the Mechanics' Institute to citizens and students, who desired to become acquainted with such subjects. The members of the class know very well and unanimously declare, that the course of lectures upon Physiology and the Institutes of medicine, presented nothing but a practical and demonstrable system of Physiology and Pathology, giving a solid, philosophical foundation to the peculiar doctrines of the Eclectic system. Nor was there any species of doctrine or science, taught by Prof. Buchanan in his private course in the city, which would not have been received with pleasure and gratification by the class in his regular collegiate course, had time permitted the introduction of those extensive collateral sciences.

The extreme eagerness of Dr. J. to assail the physiological teachings of Prof. Buchanan, leads him to deny that his physiological discoveries and doctrines were ever endorsed by the Eclectic Medical Institute, and its late professor of Practice, Dr. Morrow. In reference to this, it is sufficient to say that Dr. Buchanan was invited by Dr. Morrow, to become a professor in the Institute when he was known to him only as a discoverer and teacher of Anthropology. He was invited to occupy that department in the Institute, and taught his doctrines and discoveries publicly and privately, with the full approbation of Professors Morrow and Hill, from whom there never proceeded during an intimacy of several years, the slightest breath of disapprobation or even the most delicate hint that the course pursued by Prof. Buchanan was in any manner objectionable, or could possibly be modified in any manner with advantage to the Institute. So far from expressing any disapprobation, the teachings of Dr. Buchanan, were fully endorsed by the Eclectic Medical Journal, of which Dr. Morrow and himself were the joint editors, and were most emphatically set forth and endorsed in the different circulars of the school, which were adopted by the unanimous action of the Faculty, and went forth to the world with the signature of Dr. Morrow as Dean of the Faculty. What more public and emphatic endorsement of the scientific discoveries of Prof. Buchanan could possibly be required? Had the assertions of Dr. Jones been made in the lifetime of Dr. Morrow an immediate investigation would have been demanded, and the Faculty requested to express themselves in a still more decided manner, as to the doctrines of the Physiological department of the Institute—but the full and emphatic endorsement of the physiological doctrines of Dr. Buchanan, made by the Faculty in the most solemn and positive manner, was conceived by him to be all that any one could desire. Drs. Morrow and Hill, being the sole vitality of the Institute, and both having given publicly and privately their generous and cordial support to the physiological teachings of Dr. Buchanan, the opinions of minor members of the Faculty, were scarcely the subject of a thought. The language of Dr. Baldrige was entirely friendly and complimentary, although as a mere cypher in the Institute, his opinions would not have been asked. Dr. Jones though vigilant in financial matters, had modesty enough to leave all matters of literature, science, and philosophy to the disposal of other members of the Faculty, and upon all such subjects was regarded as a cypher. Dr. Oliver, belonging to the Old School Allopathic party, was openly opposed to every peculiar doctrine taught in the Institute, and did not, therefore attempt to interfere with its peculiar policy and doctrines. Profs. Gatchell and Rosa who became members of the Faculty during the lifetime of Dr. Morrow, were decided supporters of the philosophical teachings of Prof. Buchanan, and, indeed, Prof. Gatchell having a thorough mastery of the subject, taught the same doctrines and discoveries himself whenever it fell in his way to do so. In this harmonious position the subject remained, the physiological doctrines of Prof. Buchanan, being as thoroughly endorsed by the Institute, and as much identified with the course as the doctrines of any other chair in the school; while the views of Prof. Buchanan in reference to the philosophy of medical science and the principles of medical reform, were not only approved by the Institute, but were incorporated without the slightest modification, into the platform of the National Eclectic party, and remain to the present day the acknowledged standard of Eclectic principles throughout the United States.

If during the entire period, since the foundation of the Institute, Dr. Jones has enter-



tained any opinion at all, in reference to the functions of the brain, (of which he knows little or nothing.) and if he has always entertained the same jealous opposition to the teachings of Prof. Buchanan, it is a little remarkable, that he should never have dared to breathe a word of disapprobation of the doctrines within the knowledge of Dr. B. until the subject of his own expulsion gave him a peculiar stimulus to thought. The truth is, the ignorance of Dr. J. upon all subjects relating to literature or science, excepting a certain routine of medical facts, renders him equally averse to scientific investigation and incapable of grasping any subject of a philosophical nature.

His personal abuse of Prof. Bickley is grossly false, as it is entirely untrue that Prof. B. was ever hissed by any portion of the class. The superior mental activity and eloquence of Prof. Bickley; his vastly more extensive range of knowledge, his fluent and lucid delivery, and the greater amount of knowledge comprised in his course, being duly appreciated by the class, constitute a sufficient explanation of Dr. Jones' attack upon his qualifications.

Yet after all what has been accomplished by this wretched intriguer? Having gone over to the enemies of the school, he now represents the Institute as having declined in consequence of its rejection of the imbecile Baldrige, and declined still farther, in consequence of the expulsion of himself; thus falsifying the public records of the Institute, as any one can see, by referring to past catalogues, that the class of the Institute, after the departure of Prof. Baldrige, was greater than any preceding class, since the commencement of the school, while the present class greatly exceeds any class ever assembled in Cincinnati; and so far from having been reduced by the expulsion of Jones, the number in actual attendance really increased, while the harmony, patriotism and the reformatory zeal of the class became more decided and cordial, resulting in a liberal subscription of about sixteen hundred dollars to aid in the proposed enlargement of the Institute.

An equally happy effect has been produced upon the Faculty, by relieving them from the incubrance which weakened their attachment to the Institute. And the establishment of an Eclectic Hospital, projected and arranged by the remaining members of the Faculty, without the slightest co-operation in any manner of Dr. Jones. (who sought to know nothing about it, except that he should be free from pecuniary responsibility) may be regarded as one of the benefits connected with this most salutary surgery—the amputation of a gangrened member of the Faculty, whom the most active and energetic measures, known in Eclectic medicine could not save to our body corporate. The gentlest anodyne persuasion, the most restorative pecuniary stimulants, the most gentle emollients of patience and conciliation, the most wholesome tonics of firmness and energy; the most powerful antipathologies of homely and unqualified truth, and the most potential cautery of legal and moral authority, having failed to subdue the disease, amputation alone became, in the opinion of the entire faculty, the only remedy that would save the Institute; and the skillful and expeditious application of the knife, by our intelligent and worthy Trustees, has accomplished all that could possibly be desired; the wound is already healed, and the patient, our beloved Institute, restored to a state of firm and elastic health, while the malarious odors of a mortified and decomposing member are infecting the neighborhood in the shape of scurrilous pamphlets, and giving the best evidence to the medical world of the absolute necessity and the successful result of the operation.

B.

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**THE SPRING SESSION**—Our friends will please bear in mind that the Spring session of the E. M. Institute commences on the first Monday of March, with better arrangements than we have ever before enjoyed, for imparting thorough instruction during that season. Do not permit young men to be deluded by the thousand falsehoods set afloat in flying rumors by a traitor and condemned slanderer.

B.

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**MARK THE TRAITORS!**—When Prof. Bickley, in reply to the slanderous tirades of Dr. Jones, against the Institute from which he had been expelled, denounced him as an Arnold and a Judas Iscariot, he performed but an act of justice, which will be ratified by all as it now is by all who understand the case correctly. A similar fate awaits his co-operators if he can retain any in his service, and if we can find with a search warrant a single physician who will acknowledge when questioned that he was present at the secret caucus of Dr. Jones, and that he approves the slanderous pamphlet just issued by Dr. J., we shall not fail to pay our respects to any designing traitor in the camp of Eclecticism. The following letter is from Dr. Kyle, a physician who has recently settled in Cincinnati and who, knowing nothing about the affairs of the Institute, allowed himself to be entrapped into the position of Secretary. There are no other names than those of Dr. Kyle and Dr. Baldrige appended to the pamphlet:

CINCINNATI, February 21, 1853.

**EDITORS E. M. JOURNAL—Gentlemen:** Desiring to occupy a proper position before the medical profession and the community, I deem it due as well to myself, as to all the parties concerned, to make the following statements in reference to my relation to the meeting of *Eclectic physicians* held in this city on the evening of the 7th inst., and whose proceedings have been published in pamphlet form. Of the expulsion of Prof. L. E. Jones, I had not even heard until a few days prior to the night of the Convention; and of the origin and nature of the difficulties between the said Prof. L. E. Jones, I had no knowledge or information, good, bad or indifferent, other than what was imparted at the meeting after its organization and which was ordered to be incorporated with its proceedings. In acting as Secretary, I did not intend to endorse upon my own responsibility or *personal* knowledge, the statements contained in the published proceedings, but only the correctness of the report of the proceedings themselves. The members of the meeting and not the Secretary, are responsible for them if they be erroneous, or exaggerated, or untrue.

In forwarding this communication, I am actuated by no other desire than that of doing justice to myself—to the parties concerned—and to the cause of truth. In conclusion, permit me to assure you that it will always afford me more pleasure to *heal* than to *foment* divisions in the ranks of our beloved and cherished *Eclecticism*, and to subscribe myself respectfully yours, etc.

S. KYLE, M. D.

P. S.—As I have been frequently asked the question how many Cincinnati practicing physicians were at the meeting, I can only say that I recognized two besides Drs. Baidridge and Jones.

**ANOTHER FALSEHOOD NAILED TO THE COUNTER**—Dr. L. E. Jones, after pursuing a treacherous course of secret hostility against his associate professors, has finally endeavored to drag them down to his own degraded level of treachery and intrigue, by assertions in his pamphlet that these professors had been secretly denouncing their colleague, Dr. Buchanan, thus seeking to shelter his own infamy. He says:

"That Professor I. G. Jones and four members of the Faculty have often ridiculed Prof. Buchanan's views as wild and visionary, and that they have repeatedly been heard to express the opinion that his teaching was absolutely *injurious* to the *reputation* and *prosperity* of the school, and that it ought to be *discountenanced* and *discontinued*."

The truth is, Dr. Buchanan and the remaining members of the Faculty are, and always have been entirely harmonious; and there is not one who would not spurn the thought of playing so treacherous a part. Dr. Jones' real grievance was that the remaining members of the Faculty would not assail Dr. Buchanan as he desired, but had vastly more respect for Dr. Buchanan than for himself. Hence his outburst of indignation against Prof. Sherwood for speaking to the class in commendatory terms of Dr. Buchanan and his course of lectures.

The only members of the Faculty whom he has dared to name as yet in this foul accusation are Prof. I. G. Jones and Prof. J. King. The following is their response to the charge;

COLUMBUS, February 18, 1853.

**DEAR SIR,**—I am in receipt of yours of the 16th, and in reply will simply state that Dr. Jones, nor any other person, has ever heard me say, that your "*Teaching was absolutely injurious* to the reputation of the school, and that it ought to be *discountenanced* and *discontinued*," for the best reason in the world, that I have neither said nor thought any such thing.

You understand my views in relation to some of your *spiritual* theories, but as they, as far as I am aware, were no part of your Teachings as one of the Faculty, there was no occasion for reference to them in that connection.

I have not seen nor heard any thing from L. E. Jones, or his pamphlet; I do not know, therefore, what is required of me in the premises; but this I will say, he has no right nor authority to use my name with any thing he may think best to publish.

In haste, yours truly,

I. G. JONES.

**PROF. J. R. BUCHANAN.**—DEAR SIR: I have never *thought*, much less expressed the opinion that your teaching was "*wild, visionary, and injurious* to the reputation and prosperity" of the Eclectic Medical Institute, nor "*that it ought to be discountenanced and discontinued*." On the contrary, I consider it highly advantageous both to the College and the cause of Eclecticism, and so far as I am concerned, any statements of an opposite character are essentially untrue, and "*mere chimeras of an overburdened and highly disappointed brain*."

Respectfully Yours,

JOHN KING.

CINCINNATI, February 21, 1853.

The denials of the remaining Professors are excluded for want of space.

In addition to this refutation of a vile calumny we might introduce the statements of Profs. Morrow, Hill, and Gatchell, but as Dr. Morrow's sentiments were shown in every circular issued since the establishment of the Institute, and in the editorial articles of this Journal, it is needless to occupy space in repeating them. Dr. Hill's and Dr. Gatchell's sentiments were well known, and a recent letter from Dr. Hill in reference to this very subject reiterates his approbation of the teachings of Dr. Buchanan, and contradicts Dr. Jones' misrepresentations of his views and his language.

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**SENTIMENTS OF THE CLASS.**—The following proceedings of the members of Prof. King's private class, among whom we recognize young gentlemen of superior talent, who are destined to occupy a most honorable position in their profession, are a sufficient exposure of the pitiable mendacity of Dr. Jones.

A similar expression of sentiment was adopted by the members of Dr. Buchanan's private class which we should be pleased to publish, but as it was not handed to us in time we must omit it. Their expressions conclude with the opinion that Dr. Buchanan and his scientific discoveries will be remembered by posterity long after his opponents are forgotten.

At a meeting of the students who attended Professor J. King's course of private lectures on the results of his experience in the treatment of chronic diseases, held in the hall of the Eclectic Medical Institute on the evening of February 18th, 1853, E. H. WAUGH was appointed chairman, and WM. A. LEVANWAY Secretary.

The following resolutions were offered by Thomas R. Ward, and on motion were adopted without a dissenting voice:

*Resolved*, That we view with feelings of deep regret the publication of a pamphlet of eight pages, purporting to be a "report of the proceedings of Eclectic Physicians, held in Cincinnati February 7, 1853," and signed by A. H. Baldridge, M. D., President, and S. Kyle, M. D., Secretary, inasmuch as among other things it contains erroneous statements in relation to this course of private lectures, calculated to mislead those who are unacquainted with the facts.

*Resolved*, That we have not been "compelled" or forced to take tickets to this private course; but, on the contrary, Professor King was solicited by us to deliver said course of lectures; and that in so doing we acted voluntarily and from freedom of choice, as freemen are privileged to do, not being induced to attend them by coaxing, threats, or fear.

*Resolved*, That the sum of two dollars each, for a ticket to this course, is in our opinion a small matter; and so far from considering ourselves duped or fleeced, we would not consent to part with the knowledge therefrom gained for fifty times this amount.

*Resolved*, That so far from being injurious to the cause of true Eclecticism, we view the delivery of this private course as highly advantageous to every Eclectic Student and Physician.

*Resolved*, That Professor King could not have given the knowledge contained in these private lectures without interfering with his chair in the Institute; but that whenever any portion of them has been connected with his regular lectures, he has withheld none of it, but has freely and cheerfully made it known to all.

*Resolved*, That in these private lectures Professor King has not encroached upon, nor interfered in the least with the department of any member of the Faculty of this Institute.

*Resolved*, That the information imparted to us in this private course was of a character which Professor King was not "bound to make known in the chair he at present occupies; and that so far from being "guilty of illegal and non-professional acts, frauds, deceptions, etc., of the most degrading and reprehensible character," we consider only those guilty of the above acts who could in the face of facts have the unblushing effrontery to publish such statements relative thereto; and those calumniators only are the individuals who "should receive the censure and disapprobation of every professional man."

*Resolved*, That the above resolutions be signed by the Chairman and Secretary, and forwarded to the E. M. Journal.

WM. A. LEVANWAY, Secretary.

E. H. WAUGH, M. D. Chairman.

**THE TRUE POLICY OF ECLECTIC REFORMERS.**—The object of those who are engaged in the effort to renovate the spirit of the medical profession, is not merely to advance their own personal interest, but to labor for the triumphant diffusion of truth, even if public blessings require to be purchased by a partial sacrifice of individual interests. We hold it to be self-evident, that the corruption of medical science, which has rendered it so inefficient in the relief of disease, has arisen from the predominance of selfish motives and contracted modes of thought, which produce a stolid indifference to philanthropic improvements. Wherever medical conservatism rules with a despotic or blighting power, we shall find the moral force which sustains it and gives it strength, to be the most selfish, tyrannical, and ungenerous passions that belong to human nature. Among those of generous sentiments and expansive intellect, hunkerism has no existence; and wherever such individuals are located by education and association in the Old School fraternity, we shall find them guiltless of its bigotry and accessible to every suggestion for reform. If, then, the success of reform depends upon the noblest elements of character, and subjugation of the animal nature to the higher powers, we cannot cherish any very sanguine hopes of effecting speedily, a thorough and perfect reform. On the contrary, however bold and generous the effort for reform may be, it is very certain that the same selfishness and animality which rule with undisturbed sway, in the old school party, will cling to every reformatory movement, lowering its character, contracting its generous sentiments, relaxing the honesty and earnestness of investigation, and turning its high aspirations into a paltry pursuit of wealth. The selfish elements of human nature are too active, and too universally diffused, to cease for a moment to exert their influence. And as certainly as gravitation brings down the bird from its soaring flight when it ceases to use its wings, so surely will the movement of reform flag in its progress and sink toward the level of hunkerism, unless the generous impulse and self-sacrificing zeal which gave the first impetus, be applied to aid its onward motion.

Thus, it is commonly found that sects and parties, which rebel against the dictation of older sectarian organizations, cry loudly for freedom and liberality, while they are yet struggling for existence, but so soon as they acquire power, they fall back into the practice of sectarian intolerance. Protestantism, although a movement for liberty, established a party which soon became intolerant itself, and the Church of England only fell a little short of the Church of Rome, in its zeal against dissenters. Among the numerous divisions of the Protestant party, the Methodists, Presbyterians, Baptists, Campbellites, Quakers, Universalists, and Swedenborgians, how zealous was the love of liberty and liberality in the origin of each movement, and how uniformly has each sect in turn, after gaining a successful establishment, become decidedly sectarian and ready to enforce its own dogmas in a spirit incompatible with christian charity! Hence judicious observers have apprehended, from the first, that Eclectic reformers, in establishing a party for liberal reform, would but follow the common example of reformers, and whenever they become sufficiently powerful, would rival the Old School party in professional intolerance, and become equally stagnant in a certain monotonous sphere of thought. There can be no doubt that such a tendency exists—all the selfish elements of human nature tend to realize such predictions. The selfish and the indolent ever incline to become mere routinists in practice, dogmatists in theory, and sneering depreciators of all which they are too sluggish to comprehend.

The question, then, arises, whether there is among us enough of the disinterested zeal which originates reform, to keep alive through this and future generations, and render the Eclectic party what it has professed to be, a truly progressive organization. We believe that there is—that Eclectic reformers generally aim to constitute, not a stagnant, but a continually progressive party; a party

in advance of the age, and never slackening its speed, or losing its position as the "*vanguard of the army*." If there be those among us who do not share this progressive spirit, they are really but incumbrances upon the party who have, accidentally, by the force of association, the influence of persuasion, or the current of public sentiment, been taken away from their natural position in the ranks of hunkerism, to co-operate with the liberal movement, to which they might have been the deadliest foes, had their earlier education and associations been of a different character.

We may be over-sanguine in our anticipations, and we are aware that some have expressed the opinion that the Eclectic party is already settling into a conservative and illiberal policy; but we do not and will not believe so severe an aspersion, until we shall have received decisive evidence of the fact. On the contrary, we rely upon the independent Eclectic party, as the only medical organization now in existence which breathes the air of freedom, or which can succeed in breaking the trammels of professional bigotry.

Among all the measures of medical reform, the leading rank in point of importance belongs to the establishment of medical schools, which are the great sources from which the strength of the Eclectic medical profession must come. If, in the establishment of medical schools, the leading object shall be mere, the selfish interest, the pecuniary advantage and personal reputation of those who aspire to be professors, the interest of our noble cause will certainly be sacrificed. There are many who would eagerly aspire to the highest position within their reach, entirely regardless of the question whether they were qualified for such a position by nature, or whether they were competent to do anything in such a sphere, really beneficial to humanity. It is, therefore, by no means difficult, to induce a sufficient number of individuals to consent to announce themselves as professors, and to undertake the establishment of a medical college, no matter whether the establishment of such an institution be beneficial or not to the public interest; and no matter whether their own education, talents, or personal reputation, are calculated to reflect honor or discredit upon the cause which they espouse. Hence the profession has continually within itself, like constitutions of a cancerous diathesis, elements which may be organized into a new morbid growth, destructive to the health of the entire body; building up fungous institutions, in which, as the individual professors have neither learning, talent, nor reputation, the entire institution is but an object of derision to opponents, of contempt to the more enlightened portion of the community, and of dishonor to the cause which the institution espouses.

We do not say that this tendency to fungous growth is always in active operation; for the serious difficulties which attend the organization and successful establishment of medical schools, are sufficient to deter those who have not too restless an ambition. Still, there must be from time to time, abortive efforts to establish schools, which redound to the serious disadvantage of the cause. Sometimes, a professor discarded on account of his incompetence or inappropriateness to his duties, will be stimulated by his pride to establish a school upon his own basis, and prove to the world his genuine greatness. In other cases, young and inexperienced men, unacquainted with the labors and difficulties of such an enterprise, and seduced by hopes of honor and pecuniary profits, may embark blindly in an undertaking of which they have never understood the difficulties, until they have been instructed by a shameful failure, and learned the important lesson, that the path of reform in teaching is not the path of profit, even to those who are most successful, while to those who are not gifted to command success, it is a short and direct road to embarrassment and ruin.

Since, then, it is so easy for the credit of the common cause, to be overwhelmed by the successive establishment and failure of inferior schools, it must be the true policy of reformers, to concentrate their strength upon the smallest number of schools which will supply the demand of the profession, and give to them the hearty support which will render them triumphantly successful—render

their diplomas honorable throughout the length and breadth of our republic, and render a professorial chair sufficiently honorable to command the services of the best talents that can be obtained. The idea of commanding the highest talent by an ample salary, is entirely impracticable in the cause of reform. Nor would those whose services are commanded by money alone, be the truest or most efficient reformers. The honor of an influential position, and the moral power to advance the cause of truth, should be the leading inducements. In this, as in all other respects, it is only a large school which can afford the requisite inducements to men of ability and disinterested motives.

Another important influence of large schools, is that of promoting professional harmony. When a large number of young men are educated together, there is a greater amount of harmony, unity and co-operation throughout the entire profession—unity, of sentiment, and harmony of personal feeling. Where many schools are established, jealousy and mutual recriminations and disparagements are apt to arise, and the strength of the whole party may thus be consumed in intestine warfare. Schools of an inferior character will naturally be jealous of their more distinguished neighbors, and instead of co-operating to sustain the harmony of the party, and advance the reputation of its leading institutions, will endeavor to sustain themselves by disparaging their rivals, circulating slanderous reports, and thus endeavoring to rise by the downfall of others. Such a course, if successful, could only end in mutual degradation; and its inevitable effect, in any case, would be to impair the moral force of the whole movement of reform. The panacea for all these evils, which can alone correct this downward tendency, is the establishment of great, flourishing, and powerful institutions, competent to give dignity and reputation to the whole profession, and to concentrate in a harmonious body, the movement of reform. Firmly believing that such was the only policy which would meet the demand of the age, we have ventured upon the measure which at first few were willing to sanction, in discarding our professorial fees. Believing that such a course was right, and believing in the sentiment of the poet, that,

"Ever the right comes uppermost,  
And ever is justice done."

Our success has filled the measure of our hopes: medical teaching is concentrated to focal points, where the fire of reform will burn as a blazing beacon, and not be scattered in smouldering, half-extinguished brands. A short time since we had an increasing number of petty schools, which were but a burden on their professors to sustain them, and which attracted a far smaller number of pupils in all of their combined classes, than we have now assembled in the halls of the Institute.

There were two reformatory schools in Memphis—one Eclectic, and one Botanic; one in Louisville, Eclectic; two in Cincinnati, Botanic; one in Philadelphia, Eclectic, and a Botanic Institution promised; two Eclectic schools in the State of New York; one in Massachusetts, Botanic, or perhaps Eclectic in reality, one or more additional schools projected in the State of New York; one chartered in Indiana, and a movement for an Eclectic school agitated in the State of Michigan. Yet, how much was accomplished by all these organized and embryonic schools? Mutual jealousy was undoubtedly excited and active; but the sum total of all their classes did not equal the present class of the Eclectic Medical Institute.

We say nothing as to the character of these schools, or which of them were worthy or unworthy of the confidence of the profession; we merely refer to the fact, that by division, discord arose, and failure followed. Of the whole ten schools, how many are now in existence? None at Louisville, none in Indiana, a small Botanic school at Memphis, a small Botanic school in Cincinnati, with fifteen or seventeen pupils, a single Eclectic school in the State of New York, with thirty students, a single very small school in Massachusetts, which holds its sessions in the spring, and a school in Philadelphia, of

which we have heard nothing this winter, and know not whether it is in operation or not,\* while several additional schools are projected. Of the whole ten but four or five survive, and even these are but feebly supported. Is not this alone sufficient evidence that the zeal which multiplies schools, was a misguided zeal, and that but a small number of schools is really required in the present state of the profession? Had the talent, energy and resources employed in these numerous small schools, been devoted to the furtherance of the common cause by some more feasible plan, how much better would the result have been!

There are other evils connected with this multiplication of schools, besides the jealousies, the poverty and failure, and the entire lowering of the standard and reputation of the profession; but we have not space at present to discuss this subject further.

In conclusion, we would earnestly advise our friends to abstain from giving any countenance to future efforts to sub-divide unnecessarily, and weaken the energies of medical reform. In the present stage of the profession, and for some time to come, we think that the establishment of additional schools can be prompted only by selfish motives, and by visionary designs of personal aggrandizement, at the expense of the welfare of the common cause.

A new school, which is not needed when the older institutions are not filled, can be of no earthly utility to the cause, unless by establishing a higher standard of knowledge, talent, skill, and professional attainment. But if it be practicable to establish such an institution—if superior men, with superior resources for the promotion of Eclectic medical reform, can be gathered together anywhere in our country, and if they desire an opportunity to serve the cause better than it has already been done, we cheerfully tender our pledge to vacate our present position, and surrender our post with whatever advantages or reputation we have toiled for years to acquire, to any candidate for fame, who will be equally zealous in his labors, and who will more efficiently promote the common cause. It shall ever be our aim to concentrate in the Institute, the best talent, and the most liberal spirit of reform, which can be procured throughout the length and breadth of our republic. If better men can be presented than those who are already at the post of labor, they need but demonstrate their superior powers as authors or teachers, and we are ready to save them the labor which we have undergone, of building up a school, by giving into their hands one already successfully established, and out-numbering in its pupilage all but the oldest and wealthiest institutions of Philadelphia and New York.

P. S. The above was written two months since, but it is none the less applicable at the present time. As to the projected schools at Boston, New York, etc., we would express no opinion until they have demonstrated their character; but we do not believe such enterprises really judicious, unless greater resources of all kinds are brought to bear than we suppose to exist.

We are laboring to perform a duty to mankind, and we shall be greatly rejoiced, whenever the talents and success of other individuals in the field of true reform will justify us in leaving the field to them, resigning our positions, and resorting to other pursuits more lucrative and more conducive to personal reputation.

2d P. S. We learn from an authentic source, that the school projected and partially established by Dr. Beach at Boston, in which anatomy was to be taught without dissection, and diplomas to be conferred (by some authority borrowed from New York) "without any formal examination," and without reference to the length of time devoted to medical study—has resulted in a miserable and disgraceful failure—to the dishonor of medical reform. The sooner such attempts to establish mere diploma shops for quacks, are exploded the better for the community.

B.

\* We have since heard there were a few students, whether 5, 10, or 15 we cannot say.

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ECLECTIC MEDICAL JOURNAL.  
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PART I.---ORIGINAL COMMUNICATIONS.

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TULLY'S MATERIA MEDICA.

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BY W. BYRD POWELL, M. D., ETC., OF COVINGTON, KY.

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We have just read the first two numbers of "Materia Medica, or Pharmacology and Therapeutics," by William Tully, M. D., and to say the least of it, it is well calculated to excite observation and reflection in the profession generally. It has always been maintained by us, that he who makes mankind think and investigate, whether his doctrines be defensible or not, is truly a benefactor; because the agitation he excites is followed by investigation, which must result, more or less, in the discovery of truth, or a useful application of that which was previously known. But this service does not bound the utility of his labor. In proportion as he excites mind, does he develop brain, and increase its power of acting with facility and ease. In this wise he is an actual contributor to the intellectual power of his country.

We can not, perhaps, be an impartial judge of his doctrines, because they are too much in harmony with those which we have entertained for many years. Having other leading objects of intellectual pursuit, we never attempted a systematic investigation of the several subjects embraced by the two numbers of his work which we have just read; and yet similar views have ever governed our professional opinions.

We feel that he has defended the subjects which have gained his attention with masterly ability; and yet, upon some of them, his merit consists in the support he has given them. These remarks are particularly applicable to "Parts of the system acted on by medicines," and the "Digestibility of medicines." The latter subject has been ably handled by some of the "Quacks," but of course he never read the productions of such men.

After some remarks upon mercurial medicines, he says, page 99,  
THIRD SERIES, VOL. I.—WHOLE SERIES, XII. 7



(1) "But at all events, (as I believe) those articles of medicine that are digested always operate more kindly than those which are not; and those which are the most easily digested are the most kind in their operation, as a general rule at least. (2) So far as this goes, I think it furnishes a just ground for preferring vegetable medicines to those which are of mere chemical and inorganic origin, or those which have a metal for their base, or those which are of exclusive mineral, inorganic origin."

(3) "I have long been satisfied, as I have just said, that many of the disagreeable and unkind operations of medicines result entirely from their difficulty of digestion, or their absolute indigestibility. (4) Certainly many of the disagreeable and unkind operations of medicines are not the effects of any of those powers, by which they prove medicinal, or in other words, remedial of disease. (5) This is a subject that is well worthy of consideration and investigation, and one that should be studied in immediate connection with every individual article of the *materia medica*. (6) If these views and opinions are correct, the disagreeable and unkind operations of medicines may undoubtedly be obviated in many instances, by administering them generally in such forms as will render their digestion the most easy. (7) If these views and opinions are correct, it will doubtless prove to be the fact that what is so often maintained and inculcated by the Quacks, has more or less just foundation, viz: that medicines of organic origin are more agreeable and kind in their operations than medicines of inorganic origin, because they are more digestible. It will not prove, however, that the Quacks arrived at this conclusion, either as a result of observation and experience, or as a rational and logical deduction from well-established scientific premises; but it will only afford another example of that sort of accident, by which ignorance and rashness may sometimes arrive at a true and reliable result, and this without any precise accurate and definite knowledge of such result, or of its practical utility and importance."

It has ever been our effort to practice forbearance and justice to every living thing, as tried by the natural laws of God's providence, and therefore we feel compelled to say, that while we admire Dr. Tully as an investigator, as an able man, and while we philanthropically recommend his journal to the special and impartial study of every branch and individual of the medical profession, yet we as candidly declare it to be our conviction that that portion of the preceding article which relates to Quacks is out of place, out of time, and pregnant with either bigotry or cowardice, and therefore we desire to comment upon the whole of the preceding extract in review.

(1) Many persons may have observed that some medicines of inorganic origin did not operate kindly on the system, but Dr. Samuel Thompson is the first, so far as we remember, who boldly

denounced the use of calomel and other medicines of metallic origin, and he did it because he observed that they did not only act unkindly, but in many instances destructively. So far, then, as this observation is concerned, he has precedence of Dr. Tully; but we do not know that Thompson ever gave any other reason for denouncing them than that they were hurtful, and Dr. Tully has done no more, except to suggest that it may be on account of their indigestibility, but he does not know this.

(2) He thinks that this discovery (which Thompson made long before he ever thought of it) should induce us to prefer "vegetable medicines to those which are of mere chemical and inorganic origin." Thompson did not only come to this conclusion, but acted upon it, and labored to induce all of his fellow-men to abandon mineral medicines. Has Dr. Tully done this? No; then he is behind Dr. Thompson.

(3) Hundreds of able and enlightened men, for entertaining and acting upon this conviction, are now, and have been for many years, called Quacks, by all those who have not, like Dr. Tully, investigated the subject, and we may strongly suspect that he has joined them in the cry of "stop thief," through a fear of being suspected as one.

(4) If you do not, Dr. Tully, keep up the cry of Quacks upon all those who agree with you in opinion, you will speedily bring upon yourself an application of the same epithet, for such sentiments as you have here expressed. Why, sir, very many of your brethren would not give a fig for calomel if it did not produce sore mouth and destructive tyalism, because it gives them the credit of curing a disease, although it may cost the patient his life, by the one they created to save him.

(5) We attended to the first clause of this sentence many years since, and because of our conviction of the indigestibility of many mineral medicines, we drew up this rule and delivered it to medical students, as the leading article of our faith; namely, that "no article should be used as a medicine, the inorganic or ultimate elements of which did not, normally, constitute a part of the human system." We founded this rule upon the inference that no substance could, properly considered, be remedial in its effects upon the living tissues, when entirely incapable of being appropriated to the use of any one of them. Being normally foreign to the human body, it can only act as an irritant. Upon the announcement of this doctrine (and as a rule of action in the premises, we believe ourself the first to adopt and to proclaim it), we were called—what do you imagine, sir? When you have done blushing for your own *fears* and *sins*, we will answer—a Quack! By whom, do you suppose, sir? By those with whom we had previously associated; by those with whom we had been educated; and lastly, by those, or some of them, who signed our diploma in the halls of Transylvania University, when in the

zenith of its glory. By the application of our rule, as indicated by the second clause of this sentence, you can save yourself from the labor of experimenting upon every article in the *materia medica*; exclude at once every one that our rule proscribes. All are not equally objectionable, but all are equally indigestible.

(6) The suggestion contained in this sentence, appears to us as peculiarly singular. We can not conceive how it is possible to render an inorganic element, that has no affinity with the living tissues, digestible with any possible adjunant. If he had reference to medicines of organic origin, we agree with him, but he has made no distinction; on the contrary, he has made the impression that his allusion was to the inorganic medicines, by the connections of the subject. Mercury and arsenic may be cooked with the most digestible substances, and then coated with sugar, but they are still inorganic elements—still as capable and as liable to do mischief as before.

(7) Who are the Quacks to whom he alludes? Most certainly those who have done just what he supposed to be preferable to what is usually done; namely, those who have abandoned the use of all indigestible, inorganic medicines. He has not exactly done this, but he appears to be on the road to it; and when he shall have done it, then, according to Old School definitions, he will be a Quack. The title of his book shows that he set out to discuss the subjects of pharmacology and therapeutics; hence, as Quacks belong to neither, it is just as much out of *place* to treat of them, as it would have been to treat of light-houses or fortifications.

We admit that the impropriety of administering the indigestible, inorganic minerals, as medicines, was first suggested by unprofessional men. But a sound common-sense and extensive observation discovered that they were mischievous, acted unkindly upon the human tissues, and that the organic medicines would be better. Dr. Tully has done no more; and with respect to this particular subject he deserves no special credit, because he has only proclaimed what a Quack proclaimed before him. It must, then, be admitted that his allusion to Quacks, in this connection, was grossly out of *place*.

During the early part of our revolutionary struggle, the English government treated the colonists as rebels; but when she proposed a treaty of peace, she received them as enemies; and therefore, however much it might have suited both time and place to call them rebels, and to treat them as such, in the first instance, it would certainly have been greatly out of both place and time to have called and treated them as such in the second. To have done so would have shown that she did not entertain a proper respect for herself.

This, as an illustration, applies in the case before us. To have called Thompson and his colaborers Quacks in their day, might

have been tolerated as a just and proper application of the term; but the case is now entirely changed. Thompson and his colaborers were not educated men; they had received the honors of no medical school of good standing, nor indeed of any standing. But how stands the case now? Those who, in the practice of medicine, use only digestible medicines—which Dr. Tully himself admits to be the most harmless in their consequences—are either graduates of distinguished orthodox schools of medicine, or schools founded by such graduates, in part or in whole. And if the orthodox schools were really as wise as they are learned, they would cease to treat the anti-indigestible-medicine professors and practitioners as Quacks, but as rivals and equals, as the English government finally did the colonists. From this showing it is evident that the Doctor's application of the epithet Quacks, to the present generation of Reformers, is as much out of time as we have shown it to be out of place.

We do not know, Doctor, how it is in your country; but here, the epithet, Quack, has no point and inflicts no wound. To be called one in this country is a recommendation to business; for the people have learned that those who are called Quacks never give indigestible medicines, and therefore they employ them in their families. The people here are too practical to be governed by names; they prefer results; and when they discover more students in the anti-indigestible-medicine college, than in the other four or five together, they rationally conclude that old medicine has lost its virtues, if it ever had any, and that new medicine must be the most innocent, as you have admitted, and the most efficient.

We can not reconcile the idea of bigotry with Dr. Tully's ability as a writer and an investigator, but we have some suspicion that he entertains some fear of his orthodox, conservative, and non-progressive friends, and therefore he has bandied the epithet, Quack, about our ears as a feint. If this were your motive, Doctor, we will forgive you; send your work to your digestible-medicine subscribers; many of them regard you as a pretty good Reformer.

We may add, that we have been very credibly informed that Dr. Tully has been many years engaged in the investigation of the organic or vegetable medicines; and if we may be allowed to judge from his first two numbers, we are decidedly of the opinion that upon the subjects of *Materia Medica* and *Therapeutics*, he will shed more light than has been done during the preceding fifty years; particularly with regard to the latter subject. Through the same authority we have been informed also that he repudiates the use of the lancet in medical practice. In view of this, his greater partiality for the organic medicines, his long devotion to the subject, and his high order of talents, every one who is ambitious to excel in the practice of his profession should, in our

opinion, subscribe for his work. Furthermore, although he has virtually called us Quacks, we are informed that he is truly liberal, as we might infer him to be from the manifestation he has given of profound erudition and investigation; and from the views he has advanced we may truly claim him as a colaborer in the great professional movement of the age.

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## INTRODUCTORY LECTURE,

DELIVERED BEFORE THE ECLECTIC MEDICAL CLASS, NOVEMBER 6, 1832,  
BY GEO. W. L. BICKLEY, M. D.

### GENTLEMEN OF THE ECLECTIC MEDICAL CLASS:

I have vexed myself not a little, to fix upon an appropriate subject for an introductory lecture and have finally determined to enter into *an examination of Medical Science—Ancient and Modern*. This it seems to me, is peculiarly appropriate, as it will accomplish the very object for which an introductory lecture is intended. As deeply interested as the public are in the agents of cure which are held out to them—over which physicians quarrel and dispute as regards superiority—around which so much mystery is hung by technicality and obstruse theory—it can but be both acceptable and beneficial—but a discharge of the physician's duty to set apart certain appropriate times to meet the members of the great common family who look to him for health. It is but his duty I say to meet with them and in plain, untechnical language, endeavor to explain to them by what right,—upon what principles he expects to accomplish so vast a good, as that of directing this strange, and wonderfully constructed tenement of vitality, and immaterial spirit.

This course seems to be pointed out from another consideration, viz., until a system is partially or popularly known, the public are hardly properly qualified to pass correct judgment upon it.

Its merit or demerit being generally determined by the opinion of some leading character who may espouse or oppose as circumstances may flatter preconceived opinions.

It is for this reason, in a great measure, that all new discoveries meet with such decided opposition. Men engaged in the propagation of old views, as erroneous as they may be, are often, and indeed generally the very ones to whom the great mass of every community look for a decision of its merits. This arrangement is decidedly wrong—for we cannot expect men to acknowledge their errors so *readily*, or abandon their vocations to make room for something better. While men continue to love eminence and the Almighty dollar, no such acknowledgements will be made, except in a few isolated cases, where human nature is under the influence of reason and moral right. These being evident facts the public should no longer depend upon the "*ipsi dixit*" of any man; especially when upon the issue of his opinion depends the weal or woe of their dearest interests.

It is with feelings of regret that I feel myself able to point out so many striking illustrations of premature judgements passed upon medical science in the manner pointed out. It is a strange and remarkable fact, and one as shameful as true or strange, that not more than one in twenty, of the medical profession investigate and study for themselves the merits of anything—depending on others for a stereotyped edition of popular sentiment. In view of these facts I have thought it best to examine the medical science and crudities of the Ancients in comparison with the medical tenets of the 19th century.

Living in an age remote from the primitive races, it is impossible to trace

with sufficient clearness how, when and by whom agents of cure were first applied. But from the known laws governing human action, and from analogy, it is but fair to state that an instinctive dread of death would always lead men to look for some means to quench the fiery fevers of disease—to alleviate pain and prevent death. Whether these agents were first taken from the vegetable, animal or mineral kingdoms can hardly be stated. Yet owing to the state of knowledge at an early day in human existence, it would hardly be supposed that they were derived from the latter to any extent.

The raging mountain torrent or the placid pool—the fragrant rose or the poisonous upas—might either have been the first agents, but let them have been what they might, it is quite probable that the articles employed were both simple and few.

Animals being governed by a higher instinct than man, and the latter a creature of observation, I feel justified in saying that man in his search for remedies to alleviate his pain, or to prolong his life, would have been tempted to use similar agents to those he saw animals using with such marked success.

Thus following the example of the common dog, he might have used the grass on which he walked in the expectation of producing emesis, because he knew by observation that the dumb animal used it for a similar purpose. Then by accident, by experiment, and by observation, man's attention was first turned to agents of cure.

And it matters little what they were or by whom applied. A careful search into the musty pages of the irretreable past, could lead to few important, or rather essential facts; such labours serve only to please the mind by having something with which to contrast the present. From the earliest formation of society a species of medical science has been in existence. Nor is there much difference in the general plan of treatment followed by nations remote from each other, where the point of civilization is the same. From this circumstance alone it is to be inferred that all nations—all men in the lowest state of society, are governed by certain principles, for which they are little responsible.—The same causes operating alike on all races and ages where all the conditions are the same, in point of intelligence and experience. It is quite likely that in the earliest ages of medicine, there was no distinct class of men to whom the cure of disease was intrusted. But as the *Priesthood* rose and began to command the confidence of the masses, they would naturally impart to these men their experience and call on them for advice in disease.

The very character of Priests, in whatever nation or age they have or may exist is that of commanding the confidence of the masses, who suppose them possessed of more than a common share of knowledge. Likewise it may be stated that as the mind becomes subject to the thralldom of this mysterious power exercised by the Priesthood—it is prepared in the same proportion to believe the most absurd statements, if made in such a manner as not to be readily understood.

The superstition of the early ages fully sustains me in this declaration. Not only in medicine was this true, but in Religion, Philosophy, Politics and the Arts.

It was a wise arrangement for the *Priesthood* to be also intrusted with the temporal as well as the spiritual welfare of men so little informed as were the mass of the human race for the first 3000 years of social organization.

They were the depositories of a greater amount of knowledge than even the Kings to whom they owned allegiance; and if they were, compared with the present age, medical charlatans, they were at the same time the embodiment of wisdom when compared with those over whom they waved their mystic wand of incantation and ceremony.

In Egypt—the birth place of science and art, the Priesthood long exercised their rites, and the blinded masses bowed in submission to their suggestions or demands; never dreaming that their own minds had a right to sever the shack-

les of priest-craft and soar into the regions of unexplored thought to which knowledge alone can direct the mind.

From the Priests of different nations the healing art fell into the hands of a distinct class of men—who, having no other visible occupations, exerted themselves to envelope in mystery the simple practice of the Priesthood, so as to derive emolument from their profession. Human nature in its ordinary state is selfish, and if very much so, human woe and misery are forgotten in the race for fame and competence.

The transition of medical science from the hands of the Priesthood to regular Physicians was not, however, abrupt or sudden. It passed from their hands into those of the Astrologers—presenting a beautiful medley of science and necromancy. Even at the present day, Priests and Astrologists, contend with scientific men for the laurels of the healing art.

To the enlightened people of the 19th century it sounds a little like fable to relate the superstitions and absurdities of the ancients; but it is yet more startling to announce that there are a million traces of these crudities still lingering like evil spirits over the learned theories of modern times. Though we denounce the influence of the stars upon the laws of Physiological action, and believe not in the fate of constellations glimmering in the heavens at certain times—yet in this last half of the 19th century no Physician writes a prescription, without at the same time affixing to it a sign originally invented by the Astrologers to represent a certain constellation of stars.

The Astrological Physicians administered certain medicines at stated seasons of the year; supposing them capable of removing from the system certain abnormal influences of particular constellations. And to this day, we see people being bled in the spring and fall to remove certain conditions of the system induced by the approach of those seasons.

The articles entering into the Astrological *Materia Medica*, were gathered under particular signs and at certain stages of the moon's phases—and strange to tell, Turner and Culpepper advise the same thing as late as the 17th century. The ancients recommended coral to be worn around the necks of infants as a preventive of sore eyes, fits, &c. And we can seldom see a child at this day whose neck is not entangled in a string of coral.

But from many of the crudities of the Astrologers valuable facts in medical science have been deducted. It is stated that the rust from the spear of *Thiephus* is a cure for wounds made by a spear. It was thus, perhaps, that *Verdegriis* was discovered to be useful in surgery.

The efficacy of many of our mineral springs was no doubt discovered from an old Greek custom. The Greeks were in the habit of dipping a mirror into a well, when they divined some mark of future sickness or health. Many of these superstitions have also contributed much to a correct knowledge of the power of mind over health. On this power immense reputations have been acquired. How often does a village witch effect a cure where medicine has failed. Yet we can all see, at this age, that it is not the witch who effects the cure but the patient's own mind—his confidence in the witch allaying excitement in the nervous system.

The agents used by the ancients were simple; yet equally as much empiricism was manifested in their administration as attaches itself to the administration of the modern *materia medica*. Disease in the earlier ages was more simple than at present; the stamina of the constitution not having been destroyed by the transmission of poisonous medication.

The bland influences of a healthy climate and a simple diet, the blessings of contentment and wholesome exercise, the wild scenery of maiden nature, and the melody of its music—all seem to charm the senses and dispel from the mind that insatiable appetite which impels us to grasp for more. Living in small communities, having but little intercourse with each other, knowing but few or no wants, following occupations ministering to the health of the body

and affording material for thought, the ancients would naturally require but little medication, and would therefore, as a whole, pay but little attention to the rationality of the art.

Thus the profession of medicine, or the art of prescribing, became partially hereditary. To gratify selfish ends or desires, it was associated with the most incomprehensible absurdities, accommodating itself to the Theocracy of the early, and the Philosophy of the middle ages; until it was almost criminal to dispute a dogma of the science—if such it may be termed. The long acknowledgement of an error is very apt to render its eradication difficult. For it is much easier to persuade men to defend the opinions entertained by their ancestors than assist in their overthrow.

But medical science in the early ages progressed slowly; the views of one age being transmitted to another without having called in question their correctness.

Human society is progressive; but yet the current of that progression is, in the first instance, like the smooth and slowly-moving rivulets of the Mississippi, which, rising in a region spread out in vast plains, the little branch hardly has its surface rippled, and you would almost doubt its mobility; but it is soon joined by other rivulets and these uniting with others, soon grow into creeks, and descending into a more uneven country are joined by other creeks which now well into rivers, and these uniting with others finally pour their rushing waters into one deep channel, gaining velocity and strength in its progress, till the sweeping current bears down all before it. It can be no longer confined but sweeps onward to its own free ocean with a power defying human opposition. So with the progress of society. At first it is but the requirements of bodily nutrition that induces action—but self preservation. Eventually, however, the care of individuals is extended to families, and then to tribes. Their wants become more numerous and greater exertion is made to supply them. These tribes are then incorporated into nations—when their wants are yet more numerous and urgent, and the mind begins to pour forth its power, and its ideas—increasing in a ratio proportionate to external circumstances, till mounting above all, and over all, it spreads its wings in flight for the unexplored regions of distant space, mingling with spirits and contending with the Gods for superiority.

But for ages this progress was necessarily small. Superstition was soon assisted by credulity, and through the exertions of selfish or ambitious bigots a thousand errors were palmed upon the world for the eradication of which ages were requisite.

If we look carefully into the past and present state of society we shall have little trouble to discover that certain casts have ever prevailed. The world was never purely Democratic—distinct classes have always existed, and always must, until men shall know no law, but the law of love. Kings, Priests, Lawyers, Doctors and Soldiers, all exist now as they have ever done, because the masses have forgotten or neglected the immutable laws of nature. If all men were patriots, no Kings could pollute human nature by trampling in the dust the very rights of man.

If all men would be guided by the ever blessed spirit of love which emanates from the Godhead, and which rules high above all moral laws, we should need no priests. If all men were willing to render unto their neighbors that which their neighbors of right should have, we should need no lawyers; if all men would live according to the laws which an all wise God instituted when he breathed into organic matter the spirit of immortality, surely we should want no physicians, and lastly, if Kings, Priests, Lawyers and Doctors did not exist as a necessity, and the masses of the human race were properly imbued with the principles of abstract justice, the blood stained banner need not again be unfurled to float in triumph over the fall of nations and the obliteration of nationalities. But the laws of nature have been violated—men have not been



governed by love, the world is corrupt, and society so organized that all these professions seem now to be as essential as are husbandmen and mechanics.—Progression in society and an increase and general diffusion of knowledge are daily lessening the importance of Kings, Priests, Doctors and Soldiers. The spirit of republicanism after breathing the fetid atmosphere of king-craft for near six thousand years, is becoming extensively diffused; and from the grave of Washington a voice has gone forth shaking to their very foundations, the thrones and empires of a thousand years standing. Yes! wherever America is known, Washington and political liberty have become watchwords grating upon the ears of tyrants, and dictators, with all the terrors which the slave hears in the echo of his chains on the prison wall.

The glorious doctrines of Nazareth uttered 1800 years ago, now begin to awaken a new pulsation in the hearts of sinful humanity, and Laymen have risen and demanded of the Priests by what authority they attempt to think for others! Like results are seen in other connections, but it is my place to follow the profession of medical science, to inquire how much it has separated from the mysteries, the superstitions and incantations of the fathers of art. Ah! could the scroll of past time, representing men and things as they were, be unfolded, so that the eye by a rapid glance might hold in review the things which have passed forever, I fear the picture would be too familiar to flatter our pride or vanity.

I fear that we might still see kings and priests in council, while doctors sit brooding in darkness over a plan to force the admission of their merits upon the public, of whom they are a constituent part. But in tracing the immutable truths written in unfading letters on such an imaginary scroll, I need not trace the history and the external influences of medicine as it started from the mighty conception of Hypocrates—nor need I tell you how *Æsculapius* was converted into a *god of Physic* by the superstitious gratitude of the Greeks, or how the healing art was transmitted down through the *Æsclepiades*, how the wise sages consulted the oracles for instruction in prescription. Nor need I refer to the schools of Cos and Gnidos, to show you where medical sectarianism first rose. How *Chrysippus* opposed both, and built up a new sect called *Empirics*. I need not go back to the foundation of the Alexandrine school, and point out *Erasistratus* and *Herophilus* as being eminent in the science during the reign of the Ptolemies; nor need I inform you that from the foundation of that school a continued *feud* has divided medical men. I need not enter into an inquiry to learn whether the Sicilian physician, *Acron*, or *Serapion*, of Alexandria, were the first great propounders of liberal reform. I need hardly review the history of *Celsus*, *Archagathus*, *Asclepiades*—their doctrines or success; but it would be desirable to enter into an examination of the methodism of *Themison*, a physician of liberal sentiment and expanded views of the art of curing. After *Themison*, *Thepalus*, who called himself the conqueror of Physicians, figures darkly on the scroll before us. About this time, the *Pneumatic* and *Episynthetic* or *Eclectic* schools became known, each numbering among their members many superior men. In connection with each sect I may mention the well-known names of *Areteus* and *Archigenes*. The former, a liberal *Pneumatic*; the latter, a man of deep learning and research, and the most successful physician of his times. The writing on the scroll of the past is so plain, that I may condense enough remarks in a short period to furnish an outline genealogy of Medical Philosophers. And to show that these men were deserving of notice, I need only refer to the fact, that *Galen*, a pupil of the Alexandrine school, and the next on the list of great men of the past, actually wrote two hundred volumes, which were text books to the profession for twelve hundred years. *Sextus*, surnamed *Empiricus*, from belonging to the school of that name, was the next most learned man to *Galen*, during the reign of the Emperor *Aurelius*. But medicine began to extend the boundaries by which it had heretofore been hemmed in, and we find the Arabians disputing

with the Greeks for superiority. The first eminent Arabian physician of whom we have any account, was an Alexandrian priest called Ahrun. Two centuries after Ahrun, Serapion, of Damascus, became extensively known, yet he met not a little opposition from Alkhendi who applied geometrical proportion and musical harmony to doses of medicine.

About the same time, Rhazes, the chemist, flourished, and was followed by Avicenna, the most popular physician of his times; and whose works were regarded as authority till about two centuries ago. Following these, we see Albucasis, the eminent surgeon, commanding attention and wielding a popularity almost as great as that of Avicenna. Avenzoar, a Spaniard, wrote in the Arabic language, and may be classed with the Arabian physicians. Averoes was the last noted character, springing from the Saracenic school, which had flourished during the dark ages of Europe. To the zeal of the Arabians we are indebted for the writings of the Greek physicians. But here ends the science and men of the ancients, and we view through dim clouds the rays of budding science in Europe. How melancholy is it to look back and see their proud cities, structures, and monuments crumbling to dust under the destroying finger of time! How painful to think that these men, brothers of one profession and age, hated, persecuted, and reviled each other merely for opinion's sake! The glory and names of the mighty monarchs of past ages, at whose feet millions of human beings bent in supplication, are remembered no more; but the name of a Hippocrates, a Galen, and an Avicenna, are written in fiery coronals upon that eternal banner floating over the temple of fame.

From the fall of the Saracenic school in the 12th century, to the 15th, Europe was wrapped in the most degraded ignorance, caused principally by religious and political influences not necessary to be examined by me. The Crusades done much but undone more. The wild enthusiasm awakened in Europe in the 12th century prepared the public mind for a ready submission to priest-craft; and the titles of Doctor and Monk became blended into one; the priesthood, ever ready to take advantage of the ignorance of the masses, exerted themselves to prevent a spread of knowledge, distorting the practice of Galen into a mere astrological art pretending to do everything by supernatural means.

The establishment of the colleges at Bologna and Paris, in the 13th century, may be regarded as the corner-stones of that immense intellectual edifice, the area of which now occupies so much European territory. The first and most easily enlightened people of Europe were those of its southern kingdoms; the inhabitants of which had been in closest communication with the Asiatics. I refer to Italy, Spain, Greece, Turkey in Europe and the Kingdom of the Franks. The Byzantine Empire became the principal seat of learning during the prevalence of those Theocratic revolutions which produced such vast desolation in the 14th and 15th centuries.

Mondini of Bologna, about the year 1315, introduced into the teachings of the university of which he was a professor, the study of Human Anatomy. About the same time a literary star rose in Britain. This was Gilbert Angli canus; who, though surrounded by ignorance and superstition, wrote a compend of medicine—much tintured, however, with the scholastic syllogisms of his age.

The capture of Constantinople and the overthrow of the Byzantine Empire drove the learned men who had congregated there back into Italy, with their worlds of wealth in a few folio volumes. The influence which these men exerted on the destinies of civilization was important; for they found the people ripe for improvement, and by exciting the thirst for knowledge, they prepared the public mind still more to appreciate their real condition and demand reform.

Martin Luther saw the favorable moment, and girding himself in the armour of truth, he touched the tender chords of a million throbbing hearts, vowing to be free in thought or grind in dust the Papal throne. To his call for assistance the winds bore back the glad tidings that all was ready—that suffering and degraded humanity was determined to be free in thought and free in speech. The very hills that rose around him sent into his ears an echo that startled the lazy monks from their lethargy, and severed the shackles of a million slaves.

The dazzling genius of a Faust began to glimmer and send rays into the dark places of earth by the invention of the printing press. We catch the lightnings and play with them as the child would with a wreath of smoke. But Faust caught thought—painted it quick as imagination upon a blank sheet, and started it upon its bright mission of intelligence.

Then the Crusades, the Reformation, and the art of printing prepared the public minds of Europe for the truths of science.

Europe thus prepared advanced rapidly. Colleges sprung up simultaneously in a number of places. Among those devoted to medicine, the first after the destruction of the Roman Empire was Salerno—the next Montpellier, and then the Universities of Vienna and Paris. Medical schools were also established about the same time in Padua, Milan, Rome and Naples. The medical department of the British colleges at Oxford and Cambridge were established through the influence of Linacre who had travelled extensively in the South of Europe.

Chemistry had now made considerable advances, and as it could not be reconciled to the Galenic Theory, the medical profession were divided into two sects, the Galenists and Chemists.

From among the chemists rose Paracelsus, who declared he had discovered the Elixir Vitea or universal panacea. The Chemical Physicians, notwithstanding the failure of the Elixir of Life, still maintain their existence as a sect—the last and “most Physiological of them, being perhaps the learned and scientific Justus Leibig.

The followers of Galen formed themselves into a separate school which they denominated the Hippocratean. Their *Materia Medica* was simple, and derived principally from the vegetable kingdom. On the other hand the *Materia Medica* of the Chemist embraces the most powerful and dangerous mineral agents. Notwithstanding the opposition the chemical physician experienced, they increased into a numerous and popular body of men. The principal sects in medicine during the 16th century were the Galenists, Chemists and Anatomist. These sects each contributed to improve medical science and perhaps none more than the Anatomist.

The anatomical researches led to an explanation of the circulation of the blood by Harvey; absorption by Asseli, Rudbeck and Bartholine; the relation of the lungs to the heart by Malpigi and others. The mysteries of chemical theories were cleared up by the genius of a Boyle, and the master mind of Sydenham rose like a bright sun over medical science, whose touch was but to beautify. During the 17th century Borelli advanced the doctrine of *iatro mathematics*, or the doctrine of applying mathematical calculations to the functions of organs both in health and disease. It is astonishing what rapid progress was made by this new and imposing theory.

About this time the chemist advanced the theory of fever which was supposed to originate in an acid condition of the humours, and therefore to be cured by alkalies. The doctrine of the mathematicians and chemists absorbed the attention of medical men until the other sects were nearly vanquished.

In the midst of this engrossment of opinion by mathematicians and chemists *Van Helmont* acquired some eminence, and his original ideas being followed out by Stahl resulted in the formation of a new sect called vitalists. The leading doctrine of the vitalist was that all motions and functions of the body were produced and sustained by an unknown vital principle. Thus after the mechanical doctrine of Hippocrates had stood firm as the rock of ages, for upwards of 20 centuries Stahl succeeded in demonstrating its error and substituting a new theory in its place. Among the followers of Stahl we find Hoffman a celebrated Pathologist whose writings are quite numerous. In the latter part of the 18th century we find Børhaave flourishing on the page of medical history, followed by Haller the father of physiology. Then we have Cullen, Brown, Darwin and Wyatt, each with peculiar systems.

Throughout the remainder of the 18th century medical science continued to progress under the direction of De Hean, Morgagni and others. But gentlemen, we have entered the era of American medical science, which may be divided into three periods. The first before the revolution. The second 'till the end of the first quarter of the 19th century, and the last from 1825 until the present time, (1852.)

The profession in the first period cannot however, flatter our vanity at the present day; for though from the sound of the white man's footstep upon Ocracoke, the bank of the James river, and upon the Plymouth rock, the march of intellect has been upward and onward; yet our profession for a long while was cramped in by circumstances which tended to develope the professions of Law and Divinity, while our own progress was retarded.

Let me run briefly over the history of American medical science, promising only to notice the more prominent men and events connected with it. Though the means for acquiring information upon this subject are sufficient for a voluminous work no one seems to have thought that such a labor would be appreciated by the profession in the United States.

The physicians of Europe could see but little attractions in the wild woods of America, and hence, the clergy being the most learned persons in the colonies except the governors, had charge of the healing art, and we find two of these engaged in dealing out medicine—I refer to two Governors Winthrop. One of these was Gov. of Connecticut, and actually wrote several communications on medicine for the Royal Society of which he was a member.

Most of the earlier Physicians were either graduates, or had been instructed at European institutions, and accordingly their practice was much the same as Europeans at the same age.

Shippin and Morgan of Philadelphia, were the most eminent men in the profession in this country previous to 1768. However, Dr. John Mitchell of Virginia, had written much on the yellow fever of 1737 to 1742, even before Shippin and Morgan became so extensively known. It was from the suggestions of Mitchell that Rush was lead to the free use of purgatives in the yellow fever of 1773.

Dr. Rush acquired most celebrity of any physician in the first era of American medicine, and the whole of his popularity seemed to rest upon his success in the treatment of the yellow fever of 1793.

Mercury was first used in this country, in inflammatory complaints by Dr. Douglass of Boston. But the most important event to be noticed in the first era of medicine in this country is the introduction of the practice of inoculation in 1721 by Cotton Mather. Dr. Mather communicated to the physicians of Boston the experiments which had been made in Turkey and England; but with the exception of Dr. Boylston, the whole medical profession headed by Douglass opposed it, and public indignation was so high that Dr. Mather and Dr. Boylston, were both in danger of losing their lives. Dr. Boylston, however, deserves much credit for his conduct in the matter, as he inoculated his own children and servants before he tried it on others. This was one of the numerous instances where the most beneficial discoveries have been opposed by men ignorant of their merits. The state of medicine during the earlier years of colonization was not elevated; as Smith the historian of New York says: "Few physicians among us are eminent for their skill." Among the early colonial physicians none were more eminent than those of South Carolina: Bull, Moultrie, Linning, Chambers and others, are yet known to the profession.

Bard and Middleton of New York, and Jones of Long Island, stand prominent in medical science at this period. About this time we find the American Philosophical Society exerting a powerful influence under the auspices of Benjamin Franklin. Boylston, Mitchell, Morgan, Gardener, Winthrop, Paul Leverett, Dudley, Brattle, Mather and Rittenhouse were elected, during this period, members of the Royal Society of London, from which we may presume they were well informed men.

The first medical college was established at Philadelphia in 1765. Drs. Morgan, Shippen, Kuhn and Rush were the first Professors. New York soon followed the example of Pennsylvania, and established a medical college. The New York college conferred the first degrees of M. D. on Samuel Kissam and Robert Tucker.

The second era in American medicine is not characterized by any remarkable events not well known through the channel of civic history ; and I pass to the last era, which is characterized by the establishment of several new schools, among which may be mentioned the doctrines of Thompson, Hydropathy, Homœopathy and Eclecticism. Eclectic practitioners, had, however, existed since medicine was a science ; for every physician who picked out what he thought best, was, to all intents and purposes, an Eclectic. But this body of men did not form themselves into a systematic sect until during the last period under consideration. The first properly organized Eclectic medical school was founded at Worthington, by Drs. Morrow, Jones and others. But there was no school so organized and situated as to exert a commanding influence upon the public mind until the establishment of the Cincinnati Eclectic Medical Institute. A broad platform of liberal principles was adopted and the name Eclectic was chosen to illustrate the comprehensiveness of the philosophy of the school. This word is not well understood by the public, and for this reason I beg to define it : Eclectic, as applied to medicine, means the embodiment of all that is good or worthy of confidence. It contends for the right of appropriating to itself truth, wherever found—discards no fact until it has been duly examined. It renounces, with unspeakable scorn, that illiberal spirit so often manifested by those who believe themselves the only representatives of medical science—who attempt to fetter the mind by forcing the adoption of a particular doctrine merely because that doctrine emanated from a certain source. We contend for the right of private judgment, and hold in utter contempt any attempt to deprive us of that right.

As was to have been expected, when the liberality of Eclecticism was known, and the public saw the success which attended Eclectic practice, it rose rapidly into favor, and the Cincinnati E. M. Institute, which was called a den of quackery soon after its establishment in 1845, and of which the prophecy ran round that it would prove a failure, has now a class greater than every school in this city combined.

The fate of Eclecticism is now plain—it has planted itself in this city, and all the opposition of enemies cannot uproot it. Ten years from to-day the Cincinnati Eclectic Medical Institute will have swallowed up all the other schools in this city.

But the age and times in which we live—here let us dwell for one moment, comparing the present with the past.

Three thousand years ago, medical science was a compend of superstition, bigotry and intolerance. Two thousand years ago it was but little more advanced. One thousand years ago medical science began to evolve some of its beauties ; but the philosophy of the age entered the field of physic and distorted its features into a thousand hideous forms, which to admire was disease and to touch was death. Two hundred years ago the mighty spirit of a Harvey was infused into it, and the ponderous old machine began to take on life and vitality. It began to shake off the mysticism with which it was enveloped. The veil was raised and a few chosen spirits, who loved truth more than mammon, were permitted to gaze with astonishment, even but for a moment, upon the divine features of the healing art.

A change, rapid and beautiful, has been made in our profession. A high-toned spirit of liberalism has become infused into it ; and in place of remaining as it stood, a monument of past absurdity, it now begins to imbibe the spirit of the age—to move in that eternal line of necessity, commonly called progression.

As chemistry, magnetism, mechanics and the arts advance—as they shake from themselves the shackles of ignorance which so long impeded their progress—just in that proportion does medicine rise triumphantly over the prejudices of the times to that elevated position which its very character unceasingly demands. The mysteries and technical sophisms of the middle ages, whose shadow has fallen like ghosts upon this age, are now like the crumbling Dynasties of tyrant-ridden Europe, tottering to a fall from which resuscitation is impossible.

This spirit of liberalism is coeval with education; hence it may be said Americans are the most intelligent as well as the most liberal people on earth. The orthodoxy of our ancestors is carefully weighed in the balances of the age and the times, and whenever we find them "wanting," they are shrouded and buried in the vault of dark oblivion, to be raised again only for historical delineations.

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### REVIEW OF "REPORT OF ECLECTIC PHYSICIANS."

BY GEO. W. L. BICKLEY, M. D.

I have laying before me an eight-paged pamphlet, purporting to be the "REPORT OF THE PROCEEDINGS OF ECLECTIC PHYSICIANS, held in Cincinnati, February 7, 1853;" and, as I have been made to occupy a very prominent position in the noted pamphlet under consideration, I am only acting on the defensive in laying before the public the facts which have elicited the "Report of Eclectic physicians."

When organizing the faculty previous to the past session, my name was introduced by Professor J. R. Buchanan, as a suitable person to fill the Chair of "MATERIA MEDICA, THERAPEUTICS, AND MEDICAL BOTANY;" and the Trustees of the Eclectic Medical Institute tendered to me the occupation of the chair, which I accepted.

I entered on the discharge of my duties, on the 15th of October, 1852, and occupied the two weeks previous to the opening of the regular course, in delivering a short course of preliminary lectures. Until I had entered on the discharge of my duties, I was a stranger to all the Faculty, except Professors Buchanan, Newton, and King, with the last of whom I had only a partial acquaintance. I occupied the first three weeks of the course in lecturing upon Botany, so as to enable the class before whom I had the honor of lecturing to comprehend the technicalities incident to descriptions of articles embraced in the list of *Materia Medica*.

These lectures were succeeded by about fifteen on General Therapeutics—the circumstances which modify the indications of cure and the action of medical agents. I then commenced on *Materia Medica* proper, and treated one class at a time until the whole had been thoroughly examined. Before considering the special agents of any class, I invariably delivered one or more

lectures on their "*modus operandi*," and carefully pointed out all the indications which called for their use. I was induced to adopt this course, because it was most natural; and, without some such system, I should have followed in the footsteps of my illustrious predecessor, Professor Jones, and commenced, at the opening of the session, with a budget of *recipes* selected from "Beach's American Practice," "Gunn's Domestic Medicine," "McKenzie's Five Thousand Recipes," etc.

The course thus adopted was *new* to Professor Jones; and, as it was popular, and exhibited my scientific attainments, of course Professor Jones was not altogether pleased, inasmuch as it placed him in rather an awkward position.

The first time I saw Professor Jones, I was satisfied, merely from the appearance of the man, that, if there was any truth in the philosophy of Gall, Spurzheim, Combe, and Buchanan, he must be a very selfish man, and one that would strive to make the rest of the Faculty submit to him in matters pertaining to the Institute. So dissatisfied was I, that I stated to several persons that I was sorry that Dr. Jones and myself had not met previous to the commencement of the course, inasmuch as I did not feel willing to associate with such a man as he appeared to be. With such feelings, of course few of the civilities of life passed between us—never visiting each other, nor engaging in that mutual interchange of ideas so common between myself and the rest of the Faculty.

Thus the ground-work of a quarrel had already been laid, and it is not strange that I should have become the object of attack in a "REPORT OF ECLECTIC PHYSICIANS."

In the early part of the session, Professor Buchanan, as was his custom, announced, through the public journals, his intention of delivering a course of private lectures in the Mechanics' Institute, and a considerable number of the students attended them, a circumstance which offended our worthy colleague, Professor Jones, inasmuch as it gave the public an opportunity to judge Professor Buchanan's merits, while he (Professor Jones) was left to growl in obscurity over his misfortune, in being denied the ability to appear before an intelligent audience, as the discoverer of those brilliant truths which Professor Buchanan has, from time to time, declared through the journals of science, or by public lectures in the principal cities of the Union.

This circumstance gave rise to what the Faculty thought to be ungentlemanly conduct on the part of Professor Jones, which was aggravated by a similar course toward Professor King, from a similar cause, and other conduct not to be borne; and the Faculty addressed Professor Jones a friendly letter, stating that it was desirable that the Faculty should act in harmony, and that, as he seemed not disposed to coöperate with us, he would confer a favor on the rest, and augment the interest of the school, by withdraw-

ing. This he refused to do, and insisted on still continuing his lectures, and, of course, his ungentlemanly conduct toward other gentlemen of the Faculty, to the annoyance of all parties concerned.

As was customary with similar institutions, the Faculty, by regular action in a Faculty meeting, determined that the college should be closed from Friday afternoon, December 24, 1852, until Wednesday, December 29, 1852; but Professor Jones, unwilling to coöperate with his colleagues, declared his intention to still continue his course; and when informed that he could have the use of the hall only one hour in the day, during the holidays (the Faculty being perfectly willing that he should fill his own hour), said he would rent another hall, and lecture as long as he pleased, or language to that import.

On Monday evening, Dec. 27, 1853, the Board of Trustees was convened, and all the facts laid before them, the result of which was, the expulsion of Prof. Jones from his seat in the chair of Theory and Practice of Medicine. It may be proper to state, also, that Prof. Jones rented a private hall, and endeavored to get together our class, in order to abuse the Faculty. (Of a class of over 200, he succeeded in calling out about 60.) Fearing that unfair means would be taken by him, I sent a phonographic reporter to the hall, and have now in my possession his celebrated lecture, which, though three hours were occupied in its delivery, contains nothing evidencing either genius or scientific acquirements beyond what might have been expected of Professor Jones. If the worthy Professor desires, it can be laid before the public for their perusal, as I am willing to give him every credit, due from me, for his exceeding great purity and ability in addressing a class of sixty medical students, most of whom were mere "*lookers-on here in Venice.*"

In the meantime, slanderous reports were being circulated in the community; lectures delivered; papers sent into the midst of the class after the lectures had been again resumed, which neither exhibited the manliness I could have wished to see my former colleague manifest, nor indicated a desire to promote the prosperity of the school or the common cause of Eclecticism. A few designing knaves were constantly gossiping—men whose ambition had been nipped in the bud sided in with Professor Jones, and, in order to counteract the results of their labors, I was called upon by the class to deliver such a lecture as would show that the Faculty were united, and that Professor Jones did not have it in his power to tear down our college edifice, notwithstanding the fact that he owned between four and five thousand dollars' worth of stock in the school (much of which had been purchased for a mere song, or received for services), little of which had been purchased by hard dollars. [Collaterally, let me here remark, that Professor Jones does not own a majority of the stock, and on what he does own he is bound to receive, by



the stipulations of the charter, at least six per cent. per annum. The amount of dividend paid to the stockholders has heretofore been ten per cent. per annum; and, as long as the Institute exists as a medical school, the legal dividends must be paid by the Faculty.]

On the 3d of January, 1853, I informed the class that I would comply with their request, and notice the recent disturbance, on Wednesday following, the 5th of January, 1853. It was my desire to give Professor Jones an opportunity of hearing, or sending some friend to hear, the lecture, so that he might answer it if he wished. One of his friends was there and heard all, which may, possibly, have been extravagantly dilated in the report to Professor Jones.

*Professor Bickley's Lecture before the Class of the E. M. Institute,  
January 5, 1853.*

GENTLEMEN: On yesterday I promised you I would bring up, for your consideration, your duty to Eclecticism, and the duty of Eclectic physicians to each other. I need not review the past state of things in detail. I need not mention how embarrassing and inefficient the most praiseworthy exertions of the truest men may be rendered, if we blindly cling to prejudices which have grown into hatred by the constant and malicious tattlings of a Benedict Arnold to Eclecticism.

The united exertions of your fathers and grandfathers, led forth to battle for liberty and moral right, under the supervision of a Washington, came near proving a failure through the instrumentality of *one*, who, without patriotism or moral worth, was rejected from an important position. Yes, after the Goddess of Liberty had placed the flag of freedom high over Independence Hall, and the star of empire had risen, and began to cast its beams upon the blood-stained hearths of two millions of free-men, the black-hearted Arnold, to seek revenge on a single man, and to satisfy the thirst of his own disappointed ambition, lifted his traitor hand to haul down the fair banner of our Union, and again reduce to misery and slavery the dear-bought firesides of those pioneers of modern liberty.

When the sagacity of a Washington had frustrated these designs, and the fair frame-work of a nation of States began to rear its head to the skies, the red hand of a Burr was again stretched forth to spread discord, and demolish this beautiful political structure.

But based, as was our governmental structure, on the rock of moral and political right, neither the deep machinations of an Arnold, nor the yet more designing intrigues of a Burr could shake the faith and confidence of those whose place it was to dwell therein. Would you ask why the men of the Revolution

arranged themselves in battle array on Bunker Hill, and poured out their life-currents on the plains of Saratoga, Brandywine, Germantown, Eutaw, and Yorktown? They felt oppressed; they felt that, in these wild forests of America, there dwelt the spirit of Freedom, Reform, and Progress.

From the 4th day of July, 1776, this spirit has become a part and parcel of American character. Mechanics, the arts and sciences, have, in turn, bowed to this all-powerful spirit, which in 1825 animated the ponderous old machine of medical Hunkerism, and infused into it the spirit of the age and the nation. Against the few the venomous spirit of misrepresentation and calumny was directed, until even the ramparts of immutable truth were almost demolished. But the chosen spirits of rebellion against old authorities labored zealously, because they were working in the cause of American progress, and in behalf of suffering humanity. One by one was added to the little band of workers, until finally a leader was chosen, who fell before the sword of disease, and another stood in his place. One college had been disbanded, and another had sprung up. The army began to grow, and require a more efficient officer to conduct the campaign, which was now beyond the capacities of ordinary minds; and the cabinet of Eclecticism, in their wisdom, appointed one to fill a post, from the discharge of the duties of which any mind but that of a *Buchanan* would have swerved, and, instead of leading the Eclectic army into the domain of Anti-progression, have retreated to the elements of Thomsonianism.

From the moment the brilliancy of his intellect and the depth of his philosophy came in contrast with the alchemistic pretensions of his inferiors, a black hatred and a spirit of revenge seem to have fired their breasts; and every burst of popular applause which the indomitable Dean of our Faculty has elicited from the public, by his learning and science, has fanned the little spark of envy into an all-consuming flame, for the satiation of which, even the school and cause of Eclecticism is to be offered up a sacrifice.

But, gentlemen, let me reason calmly with you; let me refer to an incident or two, which I do in no spirit of hatred or envy; but I pity the weakness of any man who is so simple as to call down upon his head our means of self-defense. I regret the necessity which calls for such remarks, but when duty calls, let no man, daring to wrap around him the liberalism of Eclecticism, fear to act, or fear to speak.

You are aware that one of our number has been removed, by the Board of Trustees, from the discharge of further collegiate duties, and it does seem not a little strange that some are so hard to convince of the necessity of this movement. The Board of Trustees, I would inform you, are not the Faculty, or only a part

of the Faculty belonging to the Board, which is composed of disinterested gentlemen, who are pledged, so far as honor can bind, to do what they believe most conducive to the benefit of this Institute. After a dispassionate hearing of the arguments, and an examination of the facts, the Board of Trustees, with, perhaps, only two dissenting voices, declared the Chair of Practice vacant, and appointed Professor Newton to it, and Professor Freeman to the Chair of Surgery. Thus, by their action, was the course of the Faculty sustained, and the course of our ex-member condemned.

We have seen that when Benedict Arnold was superseded by a more efficient man, the blackness of his nature rose like a dark cloud over his former glory, and he turned in his wrath to pull down the beautiful structure which he had helped to rear. A parallel case in the revolution of medicine now stands menacing us with threats which only serve to blacken the fame of the threatener, since they fall harmless on the members of this Faculty. The dictates of disappointed ambition may goad on to the erection of an opposition school, but such a school would only rank in the scale with those of Messrs. Baker, Mussey, Curtis & Co.

The shafts of envy may be hurled at us, and the force of dollars may be brought to bear, and the truth may be perverted, and the voice of the calumniator may ever sound as so many jarring chords on our ears, and the force of eloquence may be invoked; and the secret agency may be pursued, and curses and anathemas may be uttered; but yet will this Faculty move on as one harmonious whole, and the Cincinnati Eclectic Medical Institute will stand, and Eclecticism will move onward, growing in strength and respectability, until its enemies are forgotten, and your children shall sit within these walls, and say, here sat at a prior day my sire, and here lectured Sherwood, and Hoyt, and King, and Freeman, and Newton, and Buchanan, philosophers, Christians, and men of science.

Yes, on this spot I expect to see a new college rise, and in its halls I expect to see a larger class than was ever seen in any college in America. This old spot, at present the scene of so much strife, must ever remain the centralization of Eclecticism in the world. From here Eclecticism must radiate to every part of true medical science, and the young man who has the signatures of the Professors of this school to his diploma, will feel that he is worthy to take charge of the sick, and the public will not be afraid to trust their lives in his hands.

Christianity had its Judas, America had her Arnold, Hungary had her Georgey, and Eclecticism must not complain if *some* fall from grace. If the new, one-man school feels injured, the pen and the press are the weapons of defense. If we are driven to the battle-field, Victory is the pass-word; for our flag is nailed to the masthead. We are not made of that material which would

cause us to shrink from the defense of our own vitals. Nor are we made with that obtuseness of honor, which would enable us to stoop to private and incessant gossiping with the community, in order to elicit their sympathies upon the ill-founded tale of a disappointed man. Revenge, that black and detestable element of little minds, does not find a harboring place in the manliness of your present Professors, to the degradation of their honors and that of those with whom they may be associated.

This naturally leads us to another consideration, viz: your duty to yourselves and to your profession.

You, like me, are mostly young men, and are apt to be the victims of impulse, rather than of cool and deliberate reason. You will not, therefore, I trust, think me presumptive if I make a few suggestions as to your future course and its results.

You are mostly young men, I say, who have yet to hew out your own fortunes and reputations; and a single false step, at this age, may materially affect you in after life, when a family of little children may depend on you for bread. You have passed your school-boy days, have scanned the whole theater of human actions, and in choosing the healing art for a vocation, you only tell the world that you are becoming and mean to remain a worshiper at the feet of beautiful humanity—that truth and virtue shall be your guides; and in filling these conditions of your almost divine calling, you have taken up the banner of Eclecticism, and just in proportion as this branch of the profession shall be built up, will your choice be politic and honorable. You have many of you left your distant homes, and passing other less important schools, have centered where the heart of Eclecticism beats strongest. You have identified yourselves with this school; and as it continues to grow to more importance, you will in the same ratio be proud of your *alma mater*. Supposing it were possible to break down this school (and, it seems, to effect its ruin no screw is to be left unturned), what would be the result? All who have graduated from it, in whatever part of the Union they may live, would suffer; because it is not to be supposed that our anti-eclectic enemies would suffer its failure to remain a secret. When you should be met by the bedside and told that you knew nothing of medical science, could you reply by referring to a diploma which had been granted by a defunct college? I am very sure you would not like to do this.

If you were to lend your assistance to break down this school, do you think that you would be doing that which would promote our cause? Allopaths, Homœopaths, Physopaths, Hydropaths, Sarsaparillapaths, and Orthopaths, might, and we are to expect they would, be indifferent to, or even desire the destruction of such a school; but I am not willing to believe that Eclectics of the true stamp will even tolerate such a thought. It is useless to say to you that this school has already built up a liberal

profession, which, in turn, has built up the school. You can not fail to see the important relation which must ever exist between you and your *alma mater*.

If you do not wish to aid in its overthrow, may I not expect that you will repudiate, with utter contempt, any movements from pseudo-friends, calculated to mar our peace, or disturb the equanimity of our labors? How much better for all concerned, if we part at the close of our labors in the bonds of friendship, and, with a sameness of purpose, strive to elevate our profession to its true rank in the scale of sciences!

These remarks would not have been made, but to meet certain influences which have been brought to bear on some of you, by those who pretend to be friends to our profession, by destroying its organization. Had I been asked to resign my chair, by even one of my colleagues, I assure you it would have required no action of the Board of Trustees to have completed the wish of even that one member, much less would I have become a medical mail-bag, or have poisoned your ears by insinuations against my colleagues. Nor would I have ever attempted to stir up commotion, by sending papers in your midst. I am truly sorry such has been the case with others. Such conduct is an insult to you as a body of gentlemen, and to the Faculty on whose lectures you attend. As I said before, if any one feels wronged, the press is free, and if the public are to hear a part of the case, let them hear all.

The truth is, I should be much surprised if some of you were not deceived with the constant gossip which has been poured into your ears, by a designing man or his instruments; but to all such let me say, I accord to you, if there be any such present, the right to think as you please. But let me undeceive you in some things. Let me say that the Faculty of this college are not so deficient in moral courage, as to be afraid to defend this school, themselves, and the class; that, notwithstanding a new school (Miami No. 2) is built up, yet will this institution, of which you are now students, still move on, and never, never be bought up for the paltry sum of \$5,000. Neither will we want the assistance of our enemies, but only that of Eclectics. No spurious school can ever present the combined talents of a Buchanan, a Newton, a King, a Freeman, a Sherwood, and a Hoyt. Such men are not found every day, on the highway, nor even in the ranks of our profession.

The duties of gentlemen to each other, the duties incurred by a similarity of vocation, and the bonds of reform, should be a sufficient inducement to bury forever the red hatchet of war, and for us to meet over the grave of disquietude, and swear eternal fidelity to right and policy.

If you, as a majority of this class, had sooner have a re-union to our separation, and be continually harrassed by a feud, as

impolitic as unjust, to the degradation of yourselves and to the school, then be it known to every man that my chair can be secured for the re-installation of our divorced brother. My bread will come to my mouth wherever my lot shall be cast; and no personal harm can be done me, if even I shall become identified with other interests. The liberalism and the science of our school in medicine have wedded me to its interest; and I defy human exertions to induce me to utter one word, or perform one act, that would retard its progress, or blacken its fair fame.

Remember, gentlemen, that your brothers and preceptors are deeply and vitally interested in the final success and triumph of this school; and it is your duty to weigh calmly the positions before they be taken. Remember that *treason* and *coalition* is in the camp of Eclecticism, and that a single mistep may blast the fond anticipations of suffering humanity, which she might of right expect in the tenets and practice of Eclecticism.

Who, I may ask, of this class, will throw open the doors of our college, for the introduction of schism and discord? Who will haul down the flag of medical freedom, and bow in supplication to the dictates of a mind too small to do aught for the cause of Eclecticism, where self is not taken into consideration? Who will hug a Shylock to his breast, and have his own life's interest supped by the miserly graspings of a Jew? Who will assist to build a mansion fair as the May morn, and as high as the skies, merely to triumph in its destruction? Who will buckle on the armor of truth and progress, which was burnished by the hand of a Jefferson, defended by the arm of a Washington, and worshiped by the soul of a Morrow? Who, I say, will buckle on such an armor, and then yield it to the chaffy javelins of the enemies of progress and Eclecticism? Will any man fight at the same time under the cross of St. George, and the stars and stripes of Columbia? Will any gentleman of this class refuse to enter his protest against all thrusts at the heart of Eclecticism?

This lecture was received with bursts of applause, showing that the class were pleased with it. Professor Jones was, to a certain extent, silenced, or, at least, tranquility once more reigned in the school, and all moved on harmoniously, nothing arising to mar our peace or retard our progress, until the veritable "REPORT OF ECLECTIC PHYSICIANS" came like a thunderbolt armed with vengeance and wrath upon the devoted heads of Professor Buchanan and myself. As Professor Buchanan is at all times able to defend himself, it only remains for me to notice the charges which the "REPORT OF ECLECTIC PHYSICIANS" (!) prefers against me.

There are three resolutions passed by this august body of "ECLECTIC PHYSICIANS" intended specially to elevate me to public cognizance, viz: the 15th, 16th, 17th; in the first of which it is stated "that Professor Bickley is a *good reader*, but no teacher of med-

icine." The insinuation is here given that I am incompetent to deliver an extemporaneous lecture. The simple statement of facts will put me in the proper position before the unprejudiced. I employ two amanuensis, one of whom is a phonographic reporter, to whom I am in the habit of dictating (without the aid of books) about sixteen to twenty pages of foolscap manuscript each hour, when in a hurry to have my lectures prepared—at other times I usually dictate about twelve to fourteen pages per hour. While my phonographer is engaged in reducing my lectures, or other matter, to the ordinary system, I dictate to my private amanuensis about seven pages per hour, he being a rapid and beautiful pensman, to whom is intrusted my private correspondence. When not thus engaged with either the one or the other, I am usually occupied in writing myself, or in perusing scientific works calculated to refresh my mind with the truths of science. Proceeding thus, during the past four months I have written an octavo volume of 209 pages on Physiological Botany, which has just been issued from the press; prepared a course of lectures occupying 2,700 pages of closely written matter on Congress paper; written articles for many medical journals, and kept up a correspondence with five weekly newspapers, furnishing some of them with matter enough to fill six columns each week, besides public and private lectures enough to make a small volume of one hundred pages. Add to these labors an extensive private correspondence, and the public will perceive that the assertion that I am merely a good reader is not founded in truth. I read all my lectures, but they are the product of my own brain, and are not taken from the original ideas of others. It is equally as easy for me to lecture without notes or manuscripts, as to dictate the words on my paper first to an amanuensis. I also am enabled, by preparing my lectures in this way, to know what I have been saying, and not become a battologist or a tautologist. I have in manuscript every lecture ever delivered by me in the halls of the Eclectic Medical Institute; and without note or comment, am perfectly willing that they shall be printed, so that the public may determine my ability to teach medical science, provided Professor Jones, or the "ECLECTIC PHYSICIANS" of Cincinnati, will pay for their publication. [It may be proper to state that when I use the quotation "ECLECTIC PHYSICIANS," I apply it to the seven or eight who constituted the meeting, of whom Dr. Kyle, Secretary, and Dr. A. H. Baldrige, President, are good examples.]

For my ability as a teacher of medicine, I would refer to the resolutions of my class, as they appear in the second number of the fifth volume Eclectic Medical Journal for February, 1853. As to my being a novelist, I would simply state that my historical and scientific writings are far more numerous, never having written more than 300 pages of fiction, which, however, has been of such a character as to induce my publishers to translate and

publish them in German and French, an honor not often conferred upon the writings of so young a novelist. When I have written novels, I have done so generally to impress some lesson upon a particular class of people not otherwise reached, and have never occupied more than twenty-four hours of actual labor in the completion of a novel of one hundred pages; so that all the time I have ever wasted by novel writing amounts to less than three days of positive labor. So much for the "FIFTEENTH RESOLUTION" of the "REPORT OF ECLECTIC PHYSICIANS."

As to the 16th resolution, in which it is stated that I *was hissed by a part of my class*, I beg to introduce the following letter from the only man who ever *hissed* when I was lecturing:

CINCINNATI, Ohio, February 19, 1853.

*Professor G. W. L. Bickley—Dear Sir:*

In reference to the hissing referred to in the pamphlet purporting to be a "REPORT OF THE ECLECTIC PHYSICIANS OF CINCINNATI," allow me in justice to you and myself to state that I am the man who did the hissing, and I declare to you, upon the honor of a gentleman, that it was not intended for you, but for my roommate, who was at the time applauding, inasmuch as your lecture sustained his views on the same subject, and not mine.

With respect and esteem, I remain truly your ob't serv't,  
WM. S. SEVERANCE, M. D.

So much for the sixteenth resolution; and now to a brief notice of the 17th, in which it is intimated that I was occupying a chair in an institution built up by "the *money (!) talents (!!) and energies (!!!)* of Prof. Jones.

In answer to this, it is only necessary to inform the public that, since the death of the lamented Morrow, the responsibilities of the school have fallen mostly on the shoulders of the present Dean (Jos. R. Buchanan, M. D.), and that without his exertions, in all probability the school would either have had no existence, or been known only to a limited extent. The peculiar views and teachings of Buchanan have been one of the chief sources of attraction to students, as is evidently evinced by all who have matriculated in the school since he became connected with it. Not only so, but the public may easily satisfy themselves that it has always fallen on Professor Buchanan to defend the school when assailed by enemies to the cause; and if Professor Jones was the leading spirit of the school, how comes it that its defence has fallen on Professor Buchanan?

Professor Jones is comparatively an obscure individual, as he does not seem to possess the education necessary to impress his "TALENTS AND ENERGIES" upon the public. It is a pity, and I sympathise with him; but since his organization does not admit of either vivacity or originality, we must put up with things as we



find them. Yet it is strange that a man of Professor Jones' age should not have found out his real condition before; for he seems to have relied on his own "MONEY, ENERGY and TALENTS" for a reputation, until his late attempt to save himself by clinging to, and appropriating to himself, the reputation of others.

Then, I deny that I ever did, or ever will, occupy a chair in a medical college built up by the "*money, energy and talents*" of the "*said Professor L. E. Jones.*"

I have no wish to be associated with a man who cannot even interchange with gentlemen the common civilities of life, or look upon the reputation of others but with feelings of the blackest hatred. That low but dear jewel of little minds, revenge, seems now to be the end and object of the "MONEY, TALENTS, AND ENERGIES" of Professor Jones. It is, however, only necessary that the public be informed that the (greatly injured) man, finding himself destitute of the sympathy of gentlemen of worth in the profession, has gladly called around him some six or seven irresponsible men, whom he has vainly tried to palm on the community as a convention of Eclectic physicians. The truth is, several of the half dozen who were present to assist in the notorious "REPORT OF ECLECTIC PHYSICIANS," are not, and never have pretended to be, Eclectic physicians. Mr. S. Kyle, Dr. A. H. Baldrige, and a few Physio-paths that might be mentioned, afford a ready idea of the class of men with whom Professor Jones has associated himself in order to take revenge on the Faculty of the Eclectic Medical Institute.

If such men are Eclectics, then be it known that I am their antipodes.

In conclusion, I beg to say that it is unpleasant to be engaged in a professional wrangle, but when a man is assailed by even the most degraded being in a community, under the cover of a respectable name, it is necessary that the facts in the case be laid before the public, who might otherwise be imposed on.

## PART II---MISCELLANEOUS SELECTIONS.

### REVIEW

OF THE TRANSACTIONS OF THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.

[Continued from page 81, and concluded.]

If Dr. Oldshue will adopt the primitive method of biting the umbilical cord, he may avoid entirely the painful necessity of resorting to surgical means in his obstetrical practice. In a majority of cases, Dr. O. says, labor terminated within two hours after his arrival, "and in many of them in a much shorter time; and in no case have I seen *true labor* protracted to twelve hours." Thrice blessed Dr. Oldshue, and blessed in an octuplicate ratio the females who thus had their babies after the Eclectic plan! In our innocence we had supposed that there was but one history of this painful phenomenon, and that the Adamic curse must still exist in original force, save by the stupifying and brain-steeping influence of chloroform. But the knowledge of man—Eclectic man—surpasses all imagination, and with the fear before our eyes of rendering ourself liable to a charge of desertion of principle, we shout Praises and Eternal glorification to the author. . . .

Dr. O. drops a word in relation to protracted labors, and gives a case in point by way of illustration. A regular doctor was called to a lady who was supposed to be in labor, and, without much examination the medical gentleman told the patient that all would soon be well, and so on; "a pulling rope" was prepared, and he commenced his manipulations, ordering his patient to "hold her breath," "pull the rope," and "bear down." All these things were done, continued, and repeated, for the space of seventy-two hours; the Dr. all the while promising that "another effort," a "long pull and a strong pull," and "all would be well." That is to say, this poor, persecuted lady, continued to pull the rope, bear down, and *hold her breath (!)* for seventy-two mortal hours, under the brutal directions of an ignoramus of an Allopath, and all, aye, a thousand times *all* to no purpose. This is certainly the most extraordinary instance of human endurance, that has ever had a place in the chapter of medical and physiological mirabilia: why, it beats the fakirs, ten to one. To plug up the upper and lower orifices of the body, and quietly lie down to hold one's breath for a day or two is no small feat, in our humble estimation; but require the fakir to haul the main brace, hold his breath, and have a baby to boot, for seventy-two hours at a stretch, and he would be nowhere; we regard the question of human hibernation as definitely settled from this moment, and we feel no mean

jealousy of the fact that Dr. Oldshue has the exclusive claim to the honor. The issue of the case—obstetrically—was, that Dr. O. was called in, the ignorance of the Allopath exposed, and the lady relieved in due course of nature. A beautiful allegory winds up the report which is just two pages in length.

Report C., by A. D. Skillethead, M. D., on medical statistics, embodies the experience of the author from the 20th May, 1851, to the 20th April, 1852. The Dr. has practiced in the large and populous city of Ruggles, O.; we get at the marrow of this report in the following P. S.:

"P. S. I have treated 651 cases during eleven months, of which number I have LOST ONLY ONE! that can rightly be regarded as my own; the others having either been *given up as hopeless*, or previously and conjointly treated by some other physician beside myself; and allow me to add, that I have not performed general venesection in a SINGLE CASE!

A. D. S.

Ruggles, O., May, 1852.

Comment is here powerless: we feel, as did the profane man (who was followed by a crowd on some more than usually exciting occasion, curious to hear him *cuss* hyperbolically), that "language is unequal to the occasion." Our bump of wonder grows visibly under the influence of this astounding volume. Ah, how would the heart of chrono-thermal Dickson delight in Dr. Skillethead?—and not more famous is the "Sweet Auburn" which is sung into immortality by Goldsmith, who was also a doctor, than is to be the Ruggles—foul or sweet—that boasts its Eclectic wonder. Six hundred and fifty-one and a fraction of cases, and not a single venesection!! Poor Marshal Hall thinks he knows something about the blood and bleeding, but how small he grows in comparison with Skillethead! Clutturbuck had a notion that he could teach the uses and abuses of the lancet, but he grows, in our dilating optics, microscopically small by the contrast. We have laid down our pen for a few moments, pondered upon the stupendous stretch of human reason, with a feeling, the like of which we do not remember to have experienced since we perused the truthful history of Gulliver's Travels; glanced over the narrative of the great telescope hoax; and now resume our review of report D., on surgery, by L. C. Dolley, M. D.

Dr. Dolley starts off with the assertion, slapdash, that all impartial and far-seeing minds recognize in the establishment of Eclectic colleges in the United States, the commencement of a new era in the history of medicine: we feel disposed to oppose no other plea to this declaration than the argumentum ad verecundian. The Doctor also says that "the first efficient weapons against the citadel of exclusiveness and intolerance have been raised by Eclectics, and with the establishment of institutions advocating no exclusive system, purely Eclectic in their character, commenced a new epoch in the history of medical science." The Baconian

system of philosophy as applied to rational medicine, and as constituting the very soul of all that is scientific in the healing art, is necessarily exclusive because it is inductive. It *brings in* to the investigation of all phenomena, every fact which has a natural and necessary relation to the phenomenon in question, and discards all foreign, irrelevant, and factitious relations. Eclecticism, as we understand it, *selects* such superficial facts as may have plausible and popular relations to the subject investigated, and such as, for all purposes of induction, may be entirely unimportant and accidental in their relationship to the subject in issue.

There can be no science without system: what indeed is science except the systematic arrangement of facts which bear the close and essential relations required by the inductive method? Collateral facts and assumed analogies may serve for conjecture, of a more or less extended degree of probability; but probability is not science, save when it is suggested by a deep and widely extended analogy, the foundations of which rest upon a basis of facts that have been clearly and completely established. But we must return to Dr. Dolley and his Eclectic surgery. He admits that the Eclectics, like Falstaff's honor, have no skill in surgery. He thinks it more than probable that it will ever be necessary to operate for "many cases of cataract, hernia, stone, tumors, etc., etc.," and he asks, "How many are there among those we choose to acknowledge as Eclectics, who hold themselves in readiness for these operations?" He admits that there are but few, and asserts that it is not for the want of surgical teaching in the Eclectic colleges. "The reverse of all this is true; I have already enumerated the causes—Eclectics, satisfied that they are in advance of the members of the Old School profession in liberality, and in success in the treatment of constitutional diseases, have let such achievements satisfy them." Modest and moderate ambition! "Because they believed that Boerhaaves, Rushes, Cullens, Broussais and other dignitaries were springing up in their ranks, they cared less for and labored not to beget also their Coopers, Motts, Velpeaus, and Physics." Heavenly progeny of Eclectic copulation! their Rushes and Cullens, etc., are but poor Sooterkin semblances of their great prototypes, with which the Reformers have brought themselves to bed by means of gassy speeches, mutual laudation, and beer drinking. It would puzzle Geoffrey St. Hilaire to classify the harmless monster, and the artificial afflatus of its wet nurses will fail to arouse a single impulse of active life in the deformed anatomy.

Our Dolley alludes to the old story of persecution. Galileo and Harvey, and Jenner, were persecuted, it is true; but does that prove that there is the authority of revelation for Millerism, or reason in Eclecticism, or truth in the spiritual rappings?

A notice of all the points that present themselves in this report would consume more space than we can devote to them. We

learn with huge surprise that conservative surgery, whatever may be said of Pare and Hunter, and a host of other worthies in medicine, is purely Eclectic! that a long time ago it was the surgical law to amputate a limb after it had suffered compound fracture, and that Eclecticism has corrected that abuse; that *water dressings* are inappreciable except by those who have used them (Eclectics?) and that the superiority of Eclectic surgery in the treatment of ulcers, white swellings, hip disease, fistula, cancer, etc., is becoming more and more fully demonstrated, and that this superiority depends upon the employment, with almost "uniform success," of "cupping, fomentations, bandages, stimulants, and derivative applications, together with baths, suitable alternatives, and other measures of Eclectic treatment!! This is about as cool a piece of impertinence as that of the man who sent a borrowed wheelbarrow home broken, together with a message that he wished it mended promptly, so that he might have the use of it again.

The employment of anæsthetics, too, is thoroughly and peculiarly Eclectic; so is Jarvis' adjuster, and "arterial compression and hæmostasis," comprising the beautiful and practicable idea of persuading all the blood of the body into one or two of the limbs, and compressing it there, so as to prevent a person from bleeding to death from the nose! Galvanic electricity is not now Eclectic, but they intend to make it so shortly, because it is said (by some Eclectic Solomon, perhaps) to have magic power in asphyxia, in violent concussions of the brain, or in deadened sensibility, arising from narcotic poisons!! "Fresh sprats from quack pond, who'll buy?" This is rich beyond expression, and for fear of exhausting a font of exclamation points, we leave Dolley and his Eclectic surgery—an old dish served up even without new trimmings. Really, the modesty of these people is so entirely out of the usual run of that virtue, that we are at a loss for language that would do justice to our appreciation of it.

Report G, on the circulation, its producing forces, and its relations to health, by Levi Reuben, M. D., is a lengthy and circumstantial document. We have commenced it several times, with a severe determination to read it through; but there is a point beyond which endurance is no longer a virtue, and that point is passed long before the patient reader has reached the bottom of the second page of this report. It appears from the history of the matter, as detailed by Dr. Reuben, that in the early part of the seventeenth century, William Harvey, a famous old Eclectic, "announced to the world the important doctrine of the circulation of the blood." After a great deal of opposition from a few pestilent Allopaths, the doctrine thus promulgated by Harvey was generally received as true, etc. He alludes to the theory of Mrs. Willard, of Troy, New York, and to the memorable correspondence between that lady and Dr. Cartwright. As nothing Eclectic is discoverable in the document, we shall pass it by without further comment.

Report H. promises to explain "what Eclecticism is, and what it may be." The author of this report attempts to give the characteristics of his system. "When we reply that we reject calomel, antimony, the lancet, arsenic, etc., and that we have introduced podophyllin, leptandrin, macrotin, etc., the questioner is satisfied that he understands the whole system of Eclecticism, and, worse than all, the answerer feels a pride that he has made so wide a distinction between the two systems." The introduction of those resinous extracts, which are christened by the Eclectics, as if they considered them the active principles of the respective articles—as morphine, quinine, etc., are the active principles of opium, bark, etc.—is entirely consistent with the superficial nature of all their scientific pretensions. "Every one understands," says Dr. Dolley, "that if he is treated by an Allopathic physician he is to be made worse, and debilitated to a low point before he can grow better." This is flat nonsense and misrepresentation, and misrepresentation so flat and direct that it is only necessary to stamp it as such; it may have been the result of ignorance, or it may have originated from a worse source.

Opposition to blood-letting, or chrono-thermalism, practically, and to the employment of mercury, constitutes the basis of Eclecticism, as we gather the traits of the system from this report.

Report I, on surgery, by S. H. Potter, M. D., is next in order. We have already learned from Dr. Oldshue the results of the Eclectic method of having children: let us see the effect as developed in connection with the subject of amputations and operative surgery in general. For the treatment of inflammation, the Eclectic surgeon borrows Dr. Thompson's great lever, lobelia, which gives prompt relief. He objects, secondly, to mercurials, as poisons, but would give the bichromate of potash, which is also an exceedingly active mineral poison, and which has been made the subject of experiment by a single practitioner in France, during the last year; it is not "admitted by the highest Old School authorities as a substitute for mercury in the treatment of certain diseases."

Dr. Dolley winds up his report with a history of a case of polypos uteri, in which he executed the bold and novel operation of "ligaturing the tumor." A boy fell down and bit his tongue through, and Dr. Dolley sewed it up, greatly to the surprise and delight of his Eclectic friends, and to the confusion of the Allopaths! He also describes a case of elephantiasis in a man who "made a track like an elephant, in the sand, was 79 years of age, weighed 232 pounds, and could cut two cords of wood a day"!!

We shall only quote from Report K., on *Materia Medica*, etc., the following display of pyrotechnics. "The full sun of knowledge is throwing its effulgent rays freely upon the intellect of the world, and warming into light the latent germs of thought that have slumbered long, unconscious of their existence, and these, in their turn, scintillates new-born sparks upon other minds. These,

too, take fire, and the illumination continues to extend, till soon empiricism and charlatanry whose proper *pabulum* is ignorance and superstition, will have passed away, and the true light of science shall reach as far as humanity shall exist, ushering in the glorious time, "which kings and prophets waited for but died without the sight," when shall be calculated with great accuracy the influence of disease upon the body, and the most certain agencies that can be applied for its removal; when the human family shall no more be destroyed by disease in youth, nor ignorance any more prevent its direful ravages from being stayed."

This report is four pages in length.

Report L, on Obstetrics—again!—by J. M. Sites, M. D., merits a passing notice. During the year 1842 Dr. Sites was called to his second case of midwifery. Three Allopaths had abandoned the case; patient in a bad way; this *ab ovo* obstetrician set to work with red pepper and ergot, and lobelia, and soon delivered his patient of a child weighing twenty-one pounds, the head measuring twenty-seven inches in circumference!!

Go it Dr. Sites, while you're young!! And O ye credulous wiseacres of the Eclectic Med. Ass.! Twenty-seven inches in circumference, nine inches in diameter, and yet delivered without instruments! Truly there is some virtue in Eclectic surgery, or the female pelvis is wonderfully large in Philadelphia. How is it Dr. Meigs? Dr. Sites says a great many odd things; among the rest, that "ergot should only be used when the *os* is well dilated, and the contraction of the uterus feeble." A Daniel come to judgment!

These are the men who presume to prate pretendingly to the "Old School" of physicians, and to claim a superiority in scientific position. All the little virtue they have is stolen from the stock accumulated by the labors of successive generations, and that is rendered worthless by the folly of its misapplication.

Report N., Chemistry, by W. Paine, M. D., of Warren, O. We turn to this report, professedly as an important and exact branch of science, for further evidence of the great *Reform* which is to be brought about by this small body of great pretensions. Here, doubtless, we shall find not merely those few *unimportant* notices of the late improvements in Chemistry, chronicled in the scientific journals, the *Comptes Rendue* of learned men and learned societies, the annual reports of the Leibigs, the Miltons, or the Gerhards, but also the peculiar improvements in science of these modest men, the Eclectics. In short, in the high-sounding words of the author, Dr. Paine, applied by him to E. M. Ass., "We expect this (report) not only to give counsel and character, but to discuss the great and intricate problems underlying the advancement of medical science. It is to be presumed that this (report) will take a retrospective survey of human science. It will pass its awful limits, guided by the torch of a Buchanan and a Reich-

enbach, and may aid in sculpturing out, from rude nature, those mighty truths lying nearer to the throne of the great *I am*."

But woefully were our high anticipations disappointed! Five pages only are given by Dr. Paine to the consideration of *this extensive* subject, and in them all there are not more than two chemical facts correctly stated!—*a strictly accurate picture of Eclectic science!*

A great portion of these rare five pages is devoted to such beautiful self-adulatory writing as we have quoted above. But yet he gives in some wonderfully garbled excerpts from the chemical works, enough to demonstrate even to a tyro in chemistry, his most profound and assinine ignorance and want of comprehension of any thing relating to the science. But we will let him speak for himself. "Amongst the most recent discoveries in chemistry, we find those made by M. Dubree, who observed that the ores of tin are constantly accompanied by fluoric or boracic minerals, and found particularly mica, topaz, tourmaline, etc." (wonderful!) "which induced him to believe that this circumstance was connected in some way with the formation of these ores, and that the tin was brought into its beds in a state of fluoride, and there underwent a double deoxidation, producing the oxide of tin, and fluoric minerals."

We must be permitted here to throw up our hands in admiration of this *Eclectic* chemistry; wonderful, we repeat; great in chemistry as in the practice of medicine! A fluoride of tin, which the Allopathic chemists, Berzelius, Davy, Liebig, etc., assert contains *no* oxygen, is *deoxidated*; and, more surprising still, it is "doubly deoxidated" in order to convert it into *oxide* of tin and fluoric minerals."!!

But we must not stop here; let us return quickly to the text, where we find this startling announcement of the triumphs of Eclectic chemistry in the person of M. Dubree. "He (M. Dubree) *has been enabled to produce oxide of tin artificially!!*" "I believe, however, he used the chloride instead of the fluoride." Hide your diminished heads, ye Allopathic chemists; M. Dubree has made artificial oxide of tin, and Dr. Paine *believes* he used the chloride instead of the fluoride!

We doubt whether in the whole history of pretending ignoramus, a more glaring self-exposure is made to the admiring public than in these Transactions; and this paper of Dr. Paine is not the least clear in the exemplification.

Once upon a time the devil was permitted to tempt our Savior. After a number of impertinences, which were rebuked with a quiet dignity that would have silenced any one except the subtle tempter, the devil conducted him to the top of a high mountain, and pointing out to him all the kingdoms of the earth, with that liberality we sometimes meet on earth among those who are giving away property that does not belong to them, offered them all to



his master if he would fall down and worship him. Fatigued by the persecutions of the arch-foe, our Savior turned upon him that heavenly presence before which angels bowed and worshiped, and bade him get him hence. Much has the genius of true science suffered from the impertinent assumptions of quacks and pretenders; and the day is not far distant when before the frown of outraged truth, the whole of Satan's tribe will vanish from the face of the earth, and nothing will remain of the patent Eclectic medical Eccaleobian save the Ephesian record of its audacity. When we look at their pigmy efforts to dim the light of true science, by the use of two-penny squirts, and smoked glasses, we cannot better express our feelings than by the following lines about Gulliver:

"They tied him down—these little men did—  
And having valiantly ascended  
Upon the mighty man's protuberance  
They did so strut, upon my soul  
It must have been extremely droll  
To see their pigmy pride's exuberance!  
And how the doughty mannikins  
Amused themselves with sticking pins  
And needles in the great man's breeches;  
And how some VERY little things,  
That passed for lords on scaffoldings  
Got up and worried him with speeches,"

OLD PHYSIC.

[Transylvania Medical Journal, January, 1853.]

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## MEDICAL FEES.

At a meeting of the physicians of Covington, Ky., held Dec. 9th, 1852, the following preamble and resolutions were unanimously adopted:

The fees for medical services in Covington are much lower than in Cincinnati, Louisville, Maysville, Lexington, Paris, Frankfort, and in most towns and country places in Kentucky. The fees of lawyers, the wages of mechanics, the prices of goods and articles of food, etc., and the prices for every other kind of service are as high in Covington as in Cincinnati, and in some particulars higher; there is, therefore, aside from the custom of our professional brethren elsewhere, good cause why we should charge the fees which competent medical men in other places charge and collect; therefore, it is resolved—

1. That we hereby adopt the following bill of prices, being nearly the same as that adopted by the physicians of Cincinnati.
2. That we will each sign the same and make it a point of honor to be guided by it in all cases, as far as varying circumstances will admit.

3. That we will publish the same in our city papers, and otherwise.

4. That it shall go into effect on and after the 1st of January, 1853.

5. That we will in no instance take families by the year.

For a visit to Cincinnati	\$3 00
day visit within the corporation	1 00
night visit within the corporation	2 00
day visit beyond the corporation, for first mile or less	1 50
each additional mile	. 50
consultation	5 00
joint attendance with regular physician after first consultation, per visit	4 00
subsequent consulting visits, each	2 00
office advice	1 00 to 10 00
detention, per hour	1 00
ordinary obstetrical cases	10 00
extraordinary obstetrical cases each from	15 00 to 30 00
delivering placenta	5 00 to 10 00
venesection	1 00
vaccination	1 00
each introduction of the catheter from	1 00 to 2 00
each minor surgical operation not less than	1 00
gonorrhœa	from 5 00 to 10 00
syphilis	from 10 00 to 30 00
each examination per rectum	2 00
each examination per vaginam	2 00

#### CHARGES FOR SURGICAL SERVICES.

For reducing fractures	5 00 to 30 00
reducing luxations	5 00 to 30 00
removing of stone in the bladder	100 00 to 500 00
amputation of arm or leg	25 00 to 100 00
amputation of a finger or toe	5 00 to 20 00
extirpation of large tumors	50 00 to 100 00
other tumors	5 00 to 30 00
trepanning	25 00 to 100 00
operation for cataract	50 00 to 100 00
do for subclavian, carotid, and femoral aneurism	100 00 to 200 00
do strangulated hernia	50 00 to 150 00
do fistula lachrymalis	20 00 to 50 00
do fistula in ano	20 00 to 50 00
do hæmorrhoids	20 00 to 50 00
do hydrocele, radical	20 00 to 60 00
do tapping hydrocele	5 00 to 10 00
do ascitus	10 00 to 15 00
do club-foot, single	50 00 to 150 00
do club-foot, double	100 00 to 200 00
do ligatures of arteries	25 00 to 200 00

All subsequent attendance to be charged.

For the operation for strabismus  
plastic operation

25 00 to 50 00  
50 00 to 500 00

[Signed by]

R. PRETLOW, M. D.,

T. N. WISE, M. D.,

F. MAJOR, M. D.,

W. T. HOLT, M. D.,

WM. HASSETT, M. D.,

A. EVANS, M. D.,

JOHN T. WISE, M. D.,

E. Y. LEE,

WM. M. CHAMBERS, M. D.,

C. J. BLACKBURN, M. D.

DOCTORS IN TROUBLE.—Somebody seems to be continually stirring up our amiable friends of the "regular" faculty. We wonder who it is. That something powerfully excites it, the medical faculty, and drives it to the commission of sundry queer antics, is certain. On Wednesday last, the knights of the lancet drank copiously and ate voraciously at the Astor House, for the benefit of the "widows and orphans of medical men," to their own edification, doubtless, but the widows and orphans were not there to have even a smell of the good things provided. The doctors glorified themselves immensely.

Dr. Francis mounted the medical blarney-stone, flattered the ladies, and eulogized Sangrado, of immortal memory. He, Dr. F., not Sangrado, had been twice at death's door. Once he was given up by his friends, and was only restored by bleeding till he swooned. He continued in his faint from Thursday evening till Monday morning, (laughter); ever since he had been in favor of bleeding and opposed to Homœopathy. What the 'laughter' is meant to signify, we do not know. It might of had reference to the vigorous constitution of Dr. F. which enabled him to survive, in *spite* of the dangerous remedy, or to intimate that an indefinite prolongation of the 'faint' might have sadly diminished the spirits of sundry undertakers and grave-diggers;—who can tell?—*N. Y. Courier.*

LUNATIC ASYLUM OF OHIO.—There were in this Asylum on the 15th of November last, 260 patients—130 males, 130 females. Admitted during the year, 275, in at the commencement of the year, 301; discharged during the year, 316, of whom 141 were cured, 58 improved, 59 unimproved, and 58 deceased; 151 applicants were rejected during the year. Among the causes of anxiety, spirit rapping is mentioned as the cause of insanity in 26 cases—13 men and 13 women, and religious anxiety in 22 cases—17 men and 5 women. Of the 275 admitted, 149 were male and 126 females. Since the opening of the Asylum, in 1838, the total admissions have been 2,116; recovered 1,038; discharged improved, 195; discharged stationary, 322; deaths 299. The expenses of the Asylum the past year were \$30,170. The Trustees recommend improvements to the amount of \$33,800, in re-

pairing the buildings, and substituting new modes of warming, lighting and ventilating.

**BOARD OF HEALTH REPORT.—Deaths in Cincinnati in the month of February, 1853:**

Whole number of deaths reported,		-	-	248
CAUSE OF DEATH.	NUMBER.	CAUSE OF DEATH.	NUMBER	
Accident - - -	4	" Typhus - - -	2	
Bronchitis - - -	2	Gangrene - - -	1	
Burn - - -	2	Whooping-Cough - - -	5	
Consumption - - -	35	Hydrocephalus - - -	2	
Congestion of the brain -	2	Intemperance - - -	3	
Congestion of the lungs -	2	Inflammation of the brain	5	
Chronic Diarrhœa - - -	1	Inflammation of the lungs	17	
Convulsions - - -	4	Inflammation of the bowels	1	
Croup - - -	7	Injury at birth - - -	1	
Delirium Tremens - - -	1	Marasmus - - -	1	
Dead Born - - -	5	Measles - - -	1	
Disease of the brain - -	5	Neuralgia - - -	1	
Dropsy - - -	1	Old Age - - -	3	
Dysentery - - -	1	Parturition - - -	5	
Drowned - - -	3	Premature birth - - -	3	
Erysipelas - - -	1	Small-Pox - - -	1	
Fever - - -	6	Tetanus - - -	1	
" Billious - - -	2	Teething - - -	8	
" Nervous - - -	1	Cause not reported - -	71	
" Scarlet - - -	26			
" Ship - - -	2	Total - - -	248	
" Typhoid - - -	5			

		AGE.	
Less than one year old	42	Between 30 and 40 years	21
Between 1 and 2 years, -	19	" 40 and 50 "	16
" 2 and 3 " -	18	" 50 and 60 "	8
" 3 and 4 " -	14	" 60 and 70 "	13
" 4 and 5 " -	10	" 70 and 80 "	3
" 5 and 10 " -	14	" 80 and 90 "	2
" 10 and 15 " -	4	Dead-born - - -	5
" 15 and 20 " -	5	Age not reported - -	25
" 20 and 30 " -	29		
		Total - - -	248

		NATIVITY.	
United States - - -	112	France - - -	1
England - - -	2	Canada - - -	1
Ireland - - -	32	Nativity unknown - -	45
Scotland - - -	1		
Wales - - -	2	Total - - -	248
Germany - - -	52		

## SEX.

Male	-	-	-	136	Female	-	-	-	112
Total				-	248				

Published by order of the Board of Health.

C. D. HUGHES, M. D., Health Officer.

February 3, 1852.

EXTRACTS FROM EDITORIAL CORRESPONDENCE.—These, and many others which we have received, show conclusively how the school stands in public estimation, as well as the progress of the cause.

BAENSTABLE, MASS., March 4th, '53.

PROF. R. S. NEWTON:—DEAR SIR: I received the February No. yesterday, and am quite disposed to believe that there is no place in this world where the Devil is not.

I rejoice in the prosperity of the Institute, notwithstanding it receives opposition from so many sources. I have watched its progress with great interest for the last six years.

How different in the public estimation is the cause of Medical Reform, and those engaged in this cause, from what they were when we first commenced professional labor, ten years since. Then we were esteemed as ignorant intruders; now, as judicious, intelligent benefactors. Then we had neither schools nor journals that deserved the name; now we have large schools, under excellent supervision, and journals which are every year fast improving. Not long hence, the Reformed Practice will be the American Practice, and our text books will be known to every intelligent practitioner in the land.

Yours, most truly,

PAUL V. ALLEN, M. D.

BETHEL, IA., March 4th, '53.

PROF. NEWTON: I have had good success. Eclecticism is taking hold here, and I think I would be safe in saying that one-fourth of the people in this vicinity are now already Eclectics. I stick closely to the doctrine taught to me *last winter, by my able and respected Professors.* Yours,

H. HARRISON, M. D.

PLATTSVILLE, OHIO, March 2d, '53.

PROF. R. S. NEWTON:—DEAR SIR: I located in this place in September, '52, and have since been doing something in the practice of medicine; and that, too, in accordance with the views entertained by Eclectics. Eclecticism was a stranger here when I came; many of the people had not heard of the name, and wanted to know whether it was the Botanic or Thompsonian system.

Eclecticism takes well in this vicinity. My success in practice has been admirable, and I do sincerely rejoice that my name is among those of Reformers.

Respectfully yours,

W. S. COX, M. D.

## PART III.—EDITORIAL.

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### MEDICAL CLOWNERY—

“In hoc est hoax, cum quix at jokesea,  
Et smokem, toastem, roastem, folkses.”—*Salmagundi*

This is a great, glorious, and free republic, and in the midst of its heterogeneous and miscellaneous population, we have at length found the great desideratum, a medical clown, competent to enliven the b'hoys, to stir up the groundlings and even to relieve the monotony of science, and excite a broad grin on the sober face of solemn care-worn doctors.

It is so long since we have had anything provocative of a broad grin, that the extreme contortions and vulgar jests of our clown become quite an enlivening novelty. It was said by a sprightly letter writer, that in this free country, every man has a right to be his own clown when he chooses; and the quondam editor of the Transylvania Medical Journal has availed himself of this luxurious privilege, but as we have no such proclivity ourselves, we do not wish to indulge it, but are quite satisfied to look at his performance, and exhibit it to our readers. We trust they will enjoy, as much as ourselves, this peculiar entertainment; and when they observe, in the opening of the essay, the allusions of our clown to the monkey climbing a pole, they will doubtless be forcibly reminded of the writer himself.

To analyze or criticise his literary production, would be impossible. We can but illustrate its character, by reference to the animals which the author personates. He exhibits, in rapid alternations, the grimace of the monkey, the bray of the donkey, the ferocity and desperation of a cornered rat, and the elegant aroma of the wild and untamed skunk. An animal possessing in high perfection the characteristics of these four, would be a central attraction in any museum. But we shall refrain from any further description of the animal, or the melody of his voice, lest our reader should suppose that we are sinking our dignity too much. Yet, by way of justification, we would venture to suggest, that even obscene animals must be described by the anatomist, and lice and bed-bugs have the honor of being described in the works of naturalists.

As for soberly replying to the scurrility of “*Old Physic*”, we beg to be excused from the task. There may be those who take a pleasure in destroying unclean animals, or crushing and exterminating bed-bugs; but we must confess that we have no inclination for such refined pursuits.

In one respect, we trust this production may be of some utility. A gentleman of acute observation may derive much more benefit from the criticisms of his enemies, than from the compliments of his friends, for the former will show him what is regarded by his enemies as his weakest, or most assailable points. We of the Eclectic corps have not yet enjoyed the full benefit of that searching and slashing criticism, which innovators and innovations must receive before

their final adoption. The more of such criticism we may provoke, the better it will be for our cause; and although we have no desire to see such assaults upon Eclecticism, circulated in other journals, to our professional disadvantage, we are pleased to welcome such productions to our own pages, that we may enjoy the benefit of looking upon a caricature, and learning what is considered most susceptible of ridicule and denunciation.

It is rather amusing to observe the efforts of "Old Physic", to criticise the able paper of Professor Reuben on the circulation. Failing to discover in it any material for criticism or buffoonery, he gives it up in resolute despair. B.

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"MATTERS AND THINGS IN GENERAL.—"What has become of the *Anti-Mercu-rial*?" asks the erudite editor of the *Botanico-Medical Recorder*, in a letter to a friend. Perhaps he flatters himself, in company with some of the Physopathic gentry of the seaboard "diggins," that it has "gone in." But we advise them not to "lay the flattering unction to their souls," or they may be most grievously disappointed. While Allopathy, Homœopathy, Hydropathy, Physopathy, etc., are bound as distinct systems, to become alsolete, Rational Eclecticism is immortal, and will cease to exist only with time itself. This is evident in regard to Physopathy, from the course pursued by certain unprincipled noodles of that school, in this region, towards those who are independent enough to think and act for themselves, and who will not wear the yoke which these one-idea reformers seek to fasten upon them. For this cause alone these gentlemen have endeavored to injure both the reputation and the business of the oldest, most intelligent, most reputable and useful pioneers in the cause of Medical Reform, the blem of whose garments they are unworthy to kiss. We have hitherto looked upon all sects and divisions of reformers as being branches of one great philanthropic family, united by the same interests, the same objects, and guided by the same motives, but from the belligerent attitude that some of them have seen fit to assume, we are compelled to act upon the defensive, for we desire not to be the aggressors, and shall use the *actual cautery* in domestic practice only when driven to it by the necessities of the "case." More anon."—*Anti-Mercu-rial* Feb. 1853.

That's the way to talk to them, Gentlemen—just let people know who you are, and what you are doing and what you can do, and you will find but little trouble in pleasing. Among a great multitude there will always be some who think only of *self*—putting themselves up and every body else down. But if you trouble yourselves enough to find out who it is that are disposed to make war on you, you will very readily learn that their lances are broken before the battle begins. The Guerilla Squads of Allopaths, Physopaths, Homœopaths, and Hydropaths, will occasionally steal a march on you, but they as rapidly retreat as they are assailed, and little is to be feared from them. There is less danger to be apprehended from the high-sounding names of declining sects than many would suppose.

G. W. L. B.

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IMPUTED TREACHERY.—The attempt of Dr. L. E. Jones to palliate his own shameless treachery by inculcating the Faculty generally, was noticed in our last. The statements of a portion of the Faculty, which were excluded by the lack of space, are now introduced:

TO ALL WHOM IT MAY CONCERN.—It is stated in a certain libellous pamphlet signed by Drs. A. H. Baldridge and S. Kyle, that four members of the present Faculty are opposed to Prof. Buchanan's views in respect to Neurology. As one of that Faculty, I beg to deny

that such are my feelings towards the science of Neurology ; on the contrary I regard it as the only true science of man.

CINCINNATI, O., February 19th, 1853.

R. S. NEWTON, M. D.

It is stated in a certain pamphlet signed by Drs. A. H. Baldrige and S. Kyle, the four of the present Faculty of the E. M. Institute are opposed to Prof. Buchanan's views in respect to Neurology. This assertion is as false as malicious, inasmuch as we look upon Neurology as taught by Prof. Buchanan, the original discoverer of the science, as being the most perfect system by which to explain the operations of mind.

Feb. 19, '53.

WM. SHERWOOD, M.D.

CINCINNATI, February, 22, 1853.

*Editors of the E. M. Journal:* As an individual member of the Faculty of the E. M. Institute, I desire sufficient space in your forthcoming number, to state in reply to a certain article of a scurrilous and libelous pamphlet bearing the names of two pretending Eclectics, that so far from denouncing or ridiculing the sublime and beautiful theories of Anthropology, etc., as taught by Prof. Buchanan, their illustrious author, I have ever regarded them as constituting a chief attraction of the school, and worthy of the most candid and careful investigation. Indeed, so highly do I value them, that, were they to be arbitrarily or otherwise excluded from the teachings of the Institute, my efforts in its behalf should cease that very hour.

My regret is inexpressible, that, *even one* professed *Eclectic* should be guilty of such gross illiberality and condemnable hunkerism as exhibits itself in an attempt to crush new and inestimable truths already established, and prevent the development others possibly yet more valuable to which they are most certainly destined to lead.

Respectfully yours,

J. W. HOYT, M.D.

*Ess. E. M. JOURNAL.*—Permit me to state in answer to an assertion occurring in what purports to be a "*Report of Eclectic Physicians*" stating that the present faculty, or a large part of them had ridiculed the science of Anthropology, as taught by Professor Buchanan, its discoverer. Allow me to say as an individual of the body of gentlemen on whom this charge is made, to state that I have always (since I knew anything of it) regarded the Neurological system of Anthropology as the true Science of Man, and that it was a chief source of attraction to the school. Nor have I ever heard any member of the faculty ridicule or speak disrespectfully of Professor Buchanan in any way ; but on the contrary so far as I am informed have heard the present faculty ever when referring to Professor Buchanan speak of him as a gentleman of thorough scientific attainments, and a Philosopher in every sense of the word.

Respectfully yours,

G. W. L. BICKLEY, M. D.

**HUNKERISM OF LEARNING AND HUNKERISM OF IGNORANCE.**—There is a certain degree of respectability in that form of Hunkerism, which is based upon thorough and accurate scientific attainments. The learned man, whose self-conceit leads him to suppose that he has reached nearly to the limits of human knowledge, and who regards additional discoveries as mere impostures, is a formidable enemy to human progress. But his character is elevated by the knowledge which he has, to a position of respectability and influence, and he would be reluctant to see society retrograding, or science declining. On the other hand, when half-educated and illiterate men become inflated with an idea of superiority in consequence of having become familiar with certain truths which have been neglected by the conservative class, and endeavor, like the more learned class, to establish a certain standard of wisdom, beyond which the human mind must not presume to stray—the spectacle is much more pitiable and ridiculous than the regular form of Hunkerism, which has a higher range of thought and knowledge.

Narrow-minded and bigotted men in the ranks of reform, are not a whit less illiberal and adverse to real additional progress, than the bigots of older and more powerful parties. There is, certainly, as much contracted Hunkerism in the principal advocate of Botanico-Medicalism in this city, as in the mass of the Old School party.

Three such incumbrances have been thrown off from the E. M. Institute. Dr. Beach, who is in a state of chronic indignation because medical reformers do not consider his slovenly and semi-plagiariised productions the alpha and omega of medical science. Dr. Baldrige, who has written nothing. (for very good reasons) and who endeavored, but unsuccessfully, to introduce the proscriptive rule of Hunkerism into the National Eclectic Medical Association—and Dr. L. E. Jones, the former friend and present associate of Dr. Baldrige. It was impossible to procure the co-operation of Dr. J., in elevating the character and increasing the scientific resources of the Institute; he has opposed the cultivation of some of the most valuable portions of medical science, and although, for some reason, he assented to the free school movement, he soon relapsed to his natural position, and threatened that it should be arrested by legal impediments. With such men Eclectic reform has nothing more to do. The **HUNKERISM OF IGNORANCE** and selfishness is consigned to its proper obscurity.



## DR. BUCHANAN TO THE MEDICAL PUBLIC.

Having taken a decided stand in arresting the disorganizing machinations of Dr. L. E. Jones, which had nearly brought the E. M. Institute to the verge of ruin, and having found no other way of saving the Institute than by his expulsion, I am not surprised at the insane folly of his abuse against myself, which exhibits only the stupid mendacity of a selfish and animal nature, impelled by ungovernable passion.

Notwithstanding my efforts to sustain his respectability, by furnishing that intellectual and literary assistance of which he stood deplorably in need, and notwithstanding my desire to avoid inflicting any public censure, expulsion, or discredit, when his services could no longer be retained, his course of warfare has not permitted me to extend him any further kindness. It was surely a sufficient tax upon my liberality to associate as a colleague with a man so utterly obscure, so destitute of reputation, (except what he obtained from being placed in the Institute) and so illiterate in all respects as Dr. J. The association with Jones and Baldrige, which was regarded by my friends as a sacrifice of personal respectability, was such a sacrifice as I should never have made but for elevated moral objects which justify the sacrifice of reputation as well as interest. And so zealously has this work of medical reform and emancipation been pursued, that I have neglected every earthly interest and every cherished object.

Thirteen years ago the highest and most lucrative positions of the medical profession were fairly within my reach, and, could I have consented to accept the creed of medical orthodoxy and suppress my constant search for truth, my position could have been all that my ambition craved. But I scorned to submit to any such control, and turned away from the temptation, leaving the field to men of less reputation than myself, who have been placed where I should have been, while I determined to pursue the rugged path of the reformer, the innovator, and the discoverer. I have found it, in some respects, as rugged and as remote from human sympathy as reformers have in other times.

Determining to raise the standard of professional freedom and progress, I organized the plan of a medical school to be established in Indiana in 1842, for which we had the prospect of an ample endowment, and in which I had the promise of co-operation from two of the ablest and most learned scientific and liberal physicians in our country, one of whom is now a scientific Professor, and the other in a high position in the employment of our government. The scheme was not carried into execution on account of a death which deprived us of the prospect of endowment, and the difficulty of completing the Faculty of the proper materials.

Subsequently, being in Cincinnati, Dr. Curtis offered me the use of a charter which he had obtained for a medical school, the name of which, I had, changed from Botanico-Medical to American Medical Institute, under which I endeavored to organize a respectable Faculty, but could not find men whom I deemed competent and suitable to establish a medical school of the proper character. Thus my object was apparently beyond my reach for want of co-operation until 1846, when I found the opportunity I had desired.

Meantime, I had prosecuted efficiently the exploration of the brain and nervous system of man, and placed upon the basis of positive experiment the vast philosophy of the human constitution. Several of the most eminent men of our country had given their approbation to my discovery of the functions of the brain, and placed my name, so far as their opinion could decide its position, among the names of those benefactors of mankind to whom posterity alone can render justice. In such a career, introducing to the world a science more comprehensive and grand than aught which had preceded it, and as expressed by a scientific committee of New York "second to no other in immediate interest and in promise of important future results to science and to humanity," I felt willing for a time to suspend the performance of my great duty to my fellow-men to engage in the establishment of a medical school in which the despotic power of medical bigotry might be broken, and a new generation of medical men might be reared up, among whom there would be no difficulty in presenting or diffusing the highest truths revealed by science.

I found a school already chartered and commencing its operations, in Cincinnati, which had adopted principles similar to my own, and with which I could conscientiously co-operate. The school, it was true, was rather an unpromising affair, but I did not fear the undertaking. The cause of medical reform had not, as yet, acquired importance or dignity, in the eyes of the country. Much had been done, but in an obscure, private, and imperfect manner. I had travelled through a majority of the States of the Union and been a diligent reader of newspapers and periodicals, and I had never heard of the existence of a school of medical reform, or of a systematic medical party for that purpose. Nor had I any definite idea of the affair until I fell in with some of the professors and students, when the school, in the winter of 1845-46, was occupying small, dingy apartments on Fourth street.

There was nothing attractive in the school but its liberal principles; neither capital, reputation, social influences, literary capacities, nor extensive scientific attainments were found in the Faculty. All they had to rely on was their thorough knowledge of practical medicine, their power of proving their superiority at the bedside, and a moderate capacity for imparting their knowledge to students, together with their strength of character, perseverance, zeal, industry, and that confidence of success and moral strength which arise from

the possession of truth. With such a Faculty, I entered upon the enterprise, and found their powers and capacities improving by cultivation as teachers. Their good sense led them to undertake only what they were adapted to by nature, and their instructions were eminently successful in making zealous, thorough-going, practical physicians.

Until the establishment of this school, medical reform had no definite, uniform designation, and was commonly confounded by the public with botanico-medical and Thompsonian doctrines. The word Eclectic, first adopted in the establishment of this school, at the suggestion of one of its trustees, has since become the designation of the party and of the movement in America. During the first session after its charter had been granted, I became acquainted with the school while a class of about fifty was in attendance. During the second year after my connexion with the Institute, its annual matriculation rose to the number of 290. What agency or influence my co-operation exerted in causing this sudden increase I need not inquire. I would but remark that a school of medical reform had been maintained with but a few years interruption, in Ohio, ever since 1830, at Worthington or at Cincinnati, but without attracting more than fifty or sixty students in any single class—thus meeting no greater success and making no greater impression upon the public mind than has since been done by the Botanico-medical school of Cincinnati.

From the time of my first connection with this school, it was brought before the public in a manner essentially different from what had before been done; its claims and character were fully set forth, the influence of the press enlisted in its behalf, and its slanderous opponents publicly met and refuted, whenever they dared to assail its reputation. Whatever appertained to the relations of the school to the public, or required the exercise of literary capacity, devolved upon myself. The able and zealous co-operation of Dr. Morrow, the founder of the school, and his talented coadjutor, Dr. Hill, were never lacking when required. Professors Morrow, Hill, and myself constituted the vitality and spiritual energy of the Institute, and the loss of either of those gentlemen would have been a formidable blow to its prosperity; while, as to the remainder of the Faculty, any loss or change would scarcely have produced an appreciable effect upon the progress of the school. In sentiment, Professors Morrow, Hill, and myself were entirely united and harmonious. But for them, I should never have been connected with the school, as I recognized in the remainder of the Faculty nothing prepossessing, and neither the materials for success in such an enterprise, nor the liberality of sentiment which constitutes the essential element of Eclectic Reform.

The success of the Institute was the continual object of my solicitude and attention; and the editorship of its Journal devolved most exclusively upon myself. My favorite investigations were interrupted, and almost entirely abandoned; and instead of appearing before the world as a teacher of a new philosophy, I presented myself merely as the advocate of a system of practical medicine, not yet established, and heartily detested by the orthodox party. Regarding the practical success of its graduates as the principal object of the school, which did not expect their reputation to be earned by literary brilliance or philosophical profundity, I did not attempt to give its due prominence to the science of the brain and nervous system, which in justice to the truth and to myself I should have brought forward in a more efficient manner. To those who were especially interested in the subject, I gave a brief course of private lectures, but engrossed as I was in the practical success of the school, I seldom took time to make those experimental demonstrations of the philosophy of the nervous system which were necessary properly to impress the truth upon the minds of students. Thus, to my own serious detriment, I allowed many to go forth from the Institute without obtaining any just idea of the importance of my discoveries or the certainty of their truth. Nor did I take any especial pains to convince even the Faculty of the accuracy of my facts, and soundness of my doctrines. On the contrary, I trusted to their own liberality to do me justice; and I had no reason to doubt that every member of the Eclectic Faculty appreciated the substantial value of my discoveries. Indeed, up to the present time, I have neglected in this matter to do justice to myself, and trusted to the liberality of others. But I do not intend hereafter to neglect to so great an extent to establish my true position with those who become enrolled among the hosts of Eclectic Reform. A Medical Reform which has no comprehensive philosophy to guide its course, and which confines itself to mere recipe practice, instead of looking to the fundamental laws and structure of the human constitution, is not the proper species of reform for the present age, or for the more enlightened and educated classes of society. The philosophical reform, which comprehends all the resources of the healing art, and recognizing no single law, embraces, *panopæopathically*, all the laws of therapeutics, is the only true Eclecticism; and such was the Eclecticism to which Drs. Morrow, Hill, and myself devoted our labors. In pursuance of such a course, Drs. Morrow and Hill were willing to advance even a step further, practically, than myself, not only in giving a courteous recognition to Homœopathy and presenting an outline of its facts and doctrines, but in establishing a distinct chair of Homœopathy, to be occupied exclusively by a Homœopathic Professor. To devote so much time and space to this subject, when both were scarce, and to place a department of the Institute in the hands of an exclusively Homœopathic physician, who regarded all else but Homœopathy as untrue, I considered an unnecessary and inconvenient concession, going further than liberality required. But as other members of the Faculty had been longer engaged in teaching practical medicine, and were supposed to understand the sentiments of

their former pupils and the profession generally, I yielded to their course, and labored for its success. The result has shown who was correct.

On the part of Drs. Morrow, Hill, and myself the establishment of the Homœopathic chair was in good faith, influenced merely by the idea that students should be encouraged to the most extensive course of investigation, and that the philosophical and practical merits of Homœopathy entitled it to a careful study. It now appears that no such liberal sentiments were entertained by the rest of the Faculty, and that the establishment of the Homœopathic chair was against their own convictions of truth, and the interest of the medical profession. What false and mercenary motive, or what delusion could have induced Drs. Jones and Baldrige to submit to this measure without a protest, while entertaining such sentiments as they now express, I will not undertake to say; but if they supposed that such a connection might be advantageous to their own respectability, and might advance the pecuniary interest of the Institute, and if they regarded such reasons as entirely sufficient to justify the introduction of a system of falsehood and delusion, we can readily comprehend why they became so fierce and intolerant after it was ascertained that the Homœopathic connection was not a very profitable association.

My perception of the practical evils and inconvenience of the Homœopathic department led me to agitate the subject of its discontinuance, before the remainder of the Faculty were prepared for the change; and soon after the death of Dr. Morrow I took the responsibility to summon a meeting of the Board of Trustees, and abolish the Homœopathic Professorship. The entire responsibility of the Institute, in this instance, devolved upon myself, and the course which I pursued has been fully sustained by public sentiment. In conjunction with the remainder of the Faculty, I renewed our urgent invitation to Dr. I. G. Jones, of Columbus, who had been previously invited by Dr. Morrow and myself, to take part in the school, and whom we succeeded at length in inducing to occupy the place vacated by, Dr. Morrow.

It is difficult to conceive a more inconsistent and infamous course, than that of our present assailant, in heartily co-operating to establish Homœopathic professorship, which he considered a fundamental departure from truth, and in subsequently, from motives of policy, running to the opposite extreme—denouncing and warring against Eclectic reformers, who had become satisfied of the truth of the doctrines thus introduced into the school. From open-handed hospitality, he ran to the opposite extreme of jealousy and hostility, not from convictions of medical truth, but from vacillating ideas of his own interest and finally, the school being entirely free from special Homœopathic teaching, and solemnly endorsed by himself, as free from any tendency to error in that respect,—this endorsement being continued by him up to the day of his expulsion, after which, supposing that his own interest or revenge may be served by a clumsy falsehood, he falsifies his own statement, and accuses of Homœopathic errors the very individual who abolished the Homœopathic professorship, and another, the propriety of whose views he had personally vouched for, both of whom had entertained from the first, without wavering, the same liberal Eclectic view of Homœopathy, which belonged to the original course and teachings of the school; and who were neither disposed to encumber the school with a foreign course of lectures, nor, on the other hand, to do injustice to the doctrines and science of a learned and honorable portion of the medical profession, and distinguished medical authors.

Dr. J. has a perfect right to exhibit his mendacity and inconsistency, by changing his course as often as he pleases, but it is not in his power by scurrilous abuse, and misrepresentation, to change the steady course, the liberal philosophy, and the judicious policy, of the Institute. So long as I have any connection with it, the Institute will continue as heretofore, liberal in recognizing the merit of all reformatory sects and parties, but independent of any exclusive *ism* or *pathy*.—ready to profit by the light shed from any source, without being afraid of ridicule, or of any silly partizan cry, whether emanating from old hankers of the Mercurial party or from the still more contracted hankers of pseudo-reformatory cliques, who would limit the progress of the human mind within their own contracted scope of thought, and whose ideas of medical reform are adapted only to furnishing recipes to half educated physicians—men whose policy and intelligence would reduce medical reform to a system of domestic and country practice, unable to present itself in the sphere of science, and unable to obtain an honorable position anywhere, or to leave any trace of its ephemeral existence except in domestic tradition.

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PROFESSOR BICKLEY.—The peculiar hostility which L. E. Jones has been disposed to exhibit against gentlemen of thorough scholarship and literary culture, whose personal good breeding and elevated ideas of professional respectability constituted too great a contrast to his own grovelling nature, rendered it quite certain from the first, that however necessary to the Institute he might deem the services of such a gentleman as Prof. Bickley, he would not fail to cherish a secret jealousy, and to detract from his reputation whenever a convenient and secret opportunity was afforded. Hence his silly attack upon Dr. B. while himself

holding a position in the school under a pledge of good behavior towards his colleagues (of which this attack was a shameless violation) and hence too, his recent attack, in which Dr. B. is falsely represented as hissed by the class. The scene described by Dr. Jones, is but a caricature of the truth. Professors in the Institute are never hissed by the class. Prof. B. accustomed to the most perfect courtesy, was shocked by hearing the sound of a hiss while lecturing, and at once denounced the act and threatened a summary punishment of the author of the insult. The individual concerned called upon Dr. B. as soon as the lecture was over and explained the mistake. It was a piece of sport between two students, one of whom was hissing the other. This was the end of the affair, which would have been soon forgotten, but for the gossiping malice of Dr. Jones, which rendered it necessary for the student, (now Dr. S. of Massachusetts,) to give a certificate of the facts which Dr. Bickley has published.

Why is Professor Bickley thus ungenerously assailed in his first *public* labors for medical reform? He is one of the most liberal and thorough reformers, and one of the most learned and eloquent teachers who have yet served the cause of reform. His attainments are extensive, his professional experience has been ample, and from the large fund of knowledge which he has at command, he brings forth whatever is required for the occasion with an intellectual fertility and readiness which few men of the present times can equal. His professional attainments and opportunities have been of the first order. Dr. B. is a native of Virginia, and studied medicine with Dr. Patterson of Baltimore, after which he attended the two principal medical schools of Philadelphia and New York, and completed his studies in the University of London. There he graduated in 1842, and received a diploma bearing the names of its distinguished Faculty, among whom was Dr. Elliotson, one of the brightest lights in the medical firmament of England. The name of Elliotson should be dear to every medical reformer since he has been persecuted and almost excommunicated by the medical hierarchy of England, in consequence of his progressive liberality in science. Dr. B. afterwards visited Edinburgh and Paris, where he profited by the opportunities afforded, and turning his mind in a liberal direction, heard the phrenological courses of Combe, Simpson and Cox. After travelling through Southern Europe he returned to the United States and practiced medicine four years in New Orleans, and afterwards in Virginia.

How few are there in the profession who would have gone through such a course surrounded by every aristocratic and Old School influence, and yet have spontaneously turned to Eclectic reform when it had no temptations or social influences to attract them? Dr. B. being in sentiment of the liberal and progressive school, addressed himself from Virginia to the editors of the Eclectic Journal, and the knowledge of his character and sentiments thus obtained, and a subsequent personal acquaintance while publishing in Cincinnati his history of Tazewell, led to his appointment to his present position in the school, the duties of which he has discharged with energy and ability which have excited general admiration.

**PROFESSOR SHERWOOD.**—The desperate efforts of Dr. Jones during the past year, to disorganize and break down the Faculty of the Institute, placed it in an alarming and critical condition. When the announcements of the Institute were issued, it had been entirely impossible to organize a Faculty, in consequence of the difficulties interposed by Dr. J., and the Faculty which was announced was placed before the public upon the individual responsibility of the Editors of the Eclectic Medical Journal; not because the Institute had really been thus organized, and the professors appointed, but because they firmly believed that if the professors were appointed, it would be substantially the same as that which they announced. Feeling this confidence, they ventured to announce the Faculty of the Institute, as they were arranged at the commencement of the session, believing that if the school could be organized at all, it would be organized as they announced. Yet, such was the harrassing course pursued by Dr. J., that it was not until a few days before the commencement of the session, that the remainder of the Faculty could learn whether Dr. J. intended to co-operate, or to raise a disturbance, and endeavor to break up the school, for the purpose of introducing some other scheme. Although Dr. J. finally consented to co-operate and abstain from breaking up the organization of the school by warfare against the Faculty, his enmity was not suppressed, and he has not ceased from that time to this to seek to injure several of the professors. Knowing how busy he has been—endeavoring in all his communications with the public and the class, to injure Prof. Sherwood and others, we have thought it necessary to allude to the fact.

In his first course of lectures, embarrassed by all the diffidence belonging to a man of modest feelings, when introduced into a new and responsible sphere, among others of experience and established reputation, and under the eyes of vigilant observers, who would notice the slightest failure or faltering, it was the duty of his colleagues to extend a friendly co-operation, and not endeavor to increase his embarrassment, or instigate members of his class to express dissatisfaction. Of all the Faculty, the latter course was pursued by Dr. Jones alone, rendering the position of Dr. S., peculiarly embarrassing and unpleasant. But in a short time he became sufficiently at home in his new duties, to disregard this opposition, and before the session was over his thorough and efficient course of lectures gave as perfect satisfaction, and won as completely the esteem and respect of the class as ever they had been enjoyed by his predecessors. Few individuals, indeed, could have pas-

sed through so trying an ordeal in so successful and honorable a manner. And notwithstanding the open and secret denunciations of Dr. Jones, Prof. Sherwood, will ever be regarded by those who attended his first course of instruction, as an able, accurate, faithful, and thorough teacher. In a single session, he has earned a better reputation than Dr. Jones has earned in a lifetime. Superior in every point of view, as a man of sound practical, and scientific intellect, his immeasurable superiority as a gentleman of high-toned moral character, and unflinching devotion to truth and human improvement, induces every friend of the Institute who understands the men, to rejoice as much in the acquisition of a Sherwood as in the expulsion of a Jones.

**APOLOGY.**—Considering the moral depravity and unfitness which we have been compelled to expose in the case of Dr. Jones, what apology can the Faculty and Trustees offer for his long retention in the school? For his appointment in the first instance, the same excuse may be offered as for other inappropriate appointments which were made at the same time, one of which the Institute was compelled to change before a single course of lectures had been complete. In the infancy of reformatory enterprises, men of talent and weight of character are seldom willing to sacrifice their reputation, interests, and prospects in the promotion of reform. Such enterprises are, therefore, apt to fall into the hands of men who have but little talent and less reputation, who have nothing to lose. The Institute has relieved itself from such incumbrances who constituted half of its Faculty in the first organization. That the Faculty should have been willing to excuse many faults and should have patiently borne with the defects and unfitness of one whose labors commenced with the beginning of the Institute, was very natural and proper. The other professors would have been pleased to befriend Dr. J. and assist in raising him to a position much beyond what nature intended he should occupy, and far beyond anything which he would have attained by his own unaided efforts. He was, therefore, presented in the most favorable attitude before the public, his ignorance and illiteracy were concealed, the productions of his pen were revised, modified and improved in every respect, before they were permitted to see the light in the crude and peevish condition in which they were written. He was urged to become a writer in his department, and to employ the assistance of literary and scientific gentlemen who would make his book a respectable affair. Such assistance was procured, and a member of the present Faculty wrote the greater portion of a work on *Materia Medica*, to which Dr. J. was expected to prefix his name. On the other hand, Dr. J. was faithful and diligent at his post, zealous for the success of the school, a careful manager of business matters, and thus in a certain sphere a useful member of the Faculty. The great superiority of the Eclectic *Materia Medica*, enabled him without any great exertion of intellect, to present before the medical class resources greatly superior to those commonly exhibited in medical schools, and thus to gain a reputation as a teacher which was not based upon any intellectual resources of his own. He was never anything more than a compiler; and his reputation being based upon the fact that he stood alone, and was not subject to comparison with other Eclectic teachers in the same department, he became intolerably jealous of any lectures upon subjects similar to his own.

He was zealously devoted to Eclectic Medical Reform, so far as he could appreciate its spirit, but being like his friend Dr. Baldrige, incapable of any expansive ideas, his zeal amounted to nothing more than a bigotted party spirit. To collect the medical properties of a large number of plants and to have a good supply of recipes for practice was the extent of his range of thought. The philosophy of medical science, and even the definitions of many of its most important terms he never fully comprehended, and in Physiology and Pathology his limited knowledge was far behind the times.

Notwithstanding all this, as one of the early co-operators, we felt a great unwillingness to remove him, and, as in the cases of Baldrige and Beach, we delayed acting upon the case until imperative necessity and our duty to the Institute, compelled us to remove him. In the opinion of the writer of this article this was an erroneous policy. Dr. J. and the others should have been removed whenever it became obvious that their services in the Institute were not desirable. Our Institute is not a matter of private speculation. It is established for the profession and for mankind—not as a place to pension off old and incompetent medical reformers—but a place where the ablest and most disinterested men can devote their services to humanity. He who complains of a personal injury or loss of profit when he is removed from his chair, proves by his complaints that he belongs to the class of hungry office-seekers who wish to pervert a public institution for the benefit of the country into a comfortable asylum for the worthless and decayed members of the profession who have been pronounced unfit for professorial duties. Any other member of the Faculty would not require to be invited more than once to withdraw, and would feel in withdrawing, not that he was personally injured, but that he was relieved from a serious burden and responsibility imposed by the demand of his colleagues that he should do his share of duty in building up medical reform.

## BOOK REVIEWS.

**PHYSIOLOGICAL AND SCIENTIFIC BOTANY:** Being a concise Treatise on Structural and Systematic Botanical Science, as adopted by Modern Botanists, simplified and carefully arranged for the use of colleges and private students. By G. W. L. BICKLEY, M. D., Professor of Therapeutics, Materia Medica, and Medical Botany, in the Eclectic Medical Institute of Cincinnati, Ohio—author of *History of Tazewell*, etc. R. S. & O. E. Newton, Publishers. 1853.

MESSERS. EDITORS.—Permit me to make a merited notice of the above work through your useful Journal.

It has been my privilege to see and inspect many works on Botany and Botanical subjects, but never before has it been my fortune to examine one, which, for the chastity and elegance of its style, the mechanical execution and finish of the work, that has equalled this—it looks more like it had been intended for the parlors of the ladies, than for the study of medical students. But let's, to its intrinsic merits.

The author has not only given us the "hidden mysteries"—the minutia of his subject, but he has treated it, throughout, with that ease, ability and thoroughness which furnishes the most ample evidence that he is not only familiar with its literature, but has made the science of it, a subject of thought and investigation for years.

His arrangement, though comprehensive, is so simplified and so destitute of useless verbiage, that students will find it extremely easy in both its classical arrangement and physiological character to comprehend it; and so clearly and so ably are those features of it designed and executed that it well merits the title he has given to his work.

The "Glossary" of technicalities, together with the "Synopsis of the Natural System," are valuable, as a key to unlock this chamber of the great Temple of Nature.

His "Foliate Tree," is a suggestion I believe of the author himself, indicates a happy faculty for the illustration of science, a faculty in which too many teachers are defective. This beautiful and ingenious representation of the great Botanical family, cannot fail to facilitate, in a high degree, the acquisition of a practical acquaintance with the science. It is a Botanical alphabet, and it is a visible system of Botany; in the first respect it invites the student to examine the botanical elements, and in the second, to investigate their relations.

The Botanical illustrations are excellent and colored to nature. In reviewing this work as a whole, I find it so simple, systematic, and altogether so completely scientific, that I cannot discover in it any occasion to find fault, and consequently I should be pleased to find it introduced into our schools and colleges in lieu of many which require a lifetime to learn words under the misnomer of science.

Covington, Ky.

W. BYRD POWELL, M. D.

**NEW YORK JOURNAL OF PHARMACY**, published by authority of the College of Pharmacy of the city of New York, and edited by BENJAMIN W. MCCREADY, M. D., has been laid on our table. It is a neat volume of 32 pages; published Monthly at \$3 per annum. The number before us is the first of Vol. II., and contains several interesting papers.

**THE UNION JOURNAL OF MEDICINE**, edited by LEVI REUBEN and S. H. PORTER, Vol. V. No. 1, pp. 40: Syracuse, N. Y.: Monthly, \$1 per annum. The above Journal has been laid on our table dressed up in a new cover, and christened with a new name.

**AMERICAN JOURNAL OF MEDICINE AND RECORD OF INNOCENT MEDICATION.** This is the title of a new medical journal started in Philadelphia, under the editorial direction of Henry F. Johnson, M. D. Octavo, 60 pp.: Monthly at \$2 50 per annum.

**A DISCOURSE ON THE TIMES, CHARACTER AND WRITINGS OF HIPPOCRATES :** By ELISHA BARTLETT, M. D. pp. 70, paper. We have received the above work which was published by the medical class of the College of Physicians and Surgeons of New York.

**THE ESCULAPIAN** edited by C. D. GRISWOLD, M. D., is the title of a monthly quarto journal, of eight pages, now before us. This is the first number from which we learn that it is designed to circulate with the people. Price \$1 per annum.

**THE SPRING SESSION.**—Notwithstanding the efforts of Jones and Curtis, with Baldrige and other defunct professors and professors of defunct schools, together with the whole array of hunkerism, we have already a spring class in attendance, larger than the two winter classes of our orthodox neighbors on Western Row, who claim all the learning and honor belonging to a President of the National Medical Association. The stratagems adopted by enemies and traitors to Eclecticism to spread the impression that we would not have a spring session may be a subject of future comment; and the desperate efforts of hunkerism to get up spring sessions, which have heretofore invariably ended in abortions, will exhibit their results (if there be any) before our next issue.

B.

A note, from Prof. Bickley, excusing Dr. Kyle from all blame for participating in Dr. Jones' private caucus, came in too late for publication in all the copies of this Journal, a part having been already printed.

N.

**SENTIMENTS OF THE CLASS.**—The sentiments of Dr. Buchanan's private class, which were elicited by the issue of Dr. Jones' scurrilous pamphlet, having been omitted from the last Journal, are now inserted. We publish them, not because we feel that there is any need for vindication against the foul and contemptible aspersions of Dr. J., but merely as an act of justice to the members of the class, to show that not one of them is capable of sympathizing with the silly malice and mendacity of Dr. J., and that Eclectic students and physicians will not permit themselves to be dragged into his society. The declaration of sentiment was drawn up by some of the class, and signed by every member of the private class present in the Institute, as follows:

We, the undersigned, having attended the private course of lectures delivered by Prof. Buchanan, during the present session of the E. M. Institute, feel that we are under great and lasting obligations to him for the clear, able, and forcible manner in which he presented his great and important discoveries in Physiology, Psychology, etc., and that we considered these lectures as distinct from his regular college course—that we were not compelled or induced to attend them in order to get a full and complete course of lectures in the departments filled by him in the Institute—that it was entirely VOLUNTARY on our part, as we were desirous of becoming acquainted with those great discoveries in Anthropology, to which his life has been devoted—knowing that we could not obtain them elsewhere.

We regard the assertion that a species of fraud and deceit has been employed by Prof. Buchanan in getting up his private course, as totally false and slanderous, and in view of the benefits to be derived from Prof. Buchanan's lectures on those subjects, we would earnestly suggest to students who may hereafter attend the Institute, the propriety of attending said course, and would not advise the "unsuspecting and too confiding youths" who may come here in order to obtain a professional education to forego the benefits to be derived from them. Well satisfied are we, that these great discoveries, with their author, will be remembered long after those who are most active in opposing now will be forgotten. Signed by, Gao. KELLER, T. C. ELLIS, G. L. GIBBS, T. C. WARD, and remainder of the class.

**ERRATUM.**—In our last number it was stated that the article on the true policy of reformers, had been written two months previously. This was a typographical error—it should have been three months. It was written without any reference to circumstances which had at then occurred.

B.

THE  
ECLECTIC MEDICAL JOURNAL.  
FOR APRIL, 1853.

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PART I. ORIGINAL COMMUNICATIONS.

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THESIS ON THE PATHOLOGY AND TREATMENT OF  
MIASMATIC FEVER.

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BY FREEMAN FRANKLIN, M. D., OF TIFFIN, OHIO.

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[Submitted to the Faculty of the E. M. Institute, of Cincinnati, at the winter session of  
1852-53, for the Doctorate of Medicine.]

GENTLEMEN:—It is not my object, in this treatise, to enter into a systematic arrangement of the views of others in regard to the pathology or treatment of fever; neither shall I attempt to give the symptoms characterizing this disease, for they can be found in the books; and it is not my intention to differ from the authorities, merely for the sake of being on the contrary side; but being an Eclectic, I have a right to think for myself; therefore, I shall now give you some of my views in regard to this common, and too frequently fatal disease of this western country.

In the books we find quite an extensive list of fevers as intermittent, remittent, pernicious, enteric, typhus, etc., etc., all of which, say the authors, are "*miasmatic*" fevers, and they labor very hard to give the diagnostic symptoms, so as to enable us to distinguish one fever from another; and their object seems to be merely this, namely: that when we determine which particular class it belongs to, then we must follow a particular routine practice, by them made and provided, for that form of fever, without regard to collateral circumstances, such as temperament, locality, etc. This classification is all a necessary accompaniment to the routine practice; but it is all wrong, and in my opinion is one of the most fruitful sources of empiricism.

In my opinion, works on practice (if they are necessary at all) should tell us that such a symptom indicated such a pathological condition, and that such a remedy would counteract that condition; then we should have no *routine* practice, and no false data



to base our facts upon; but happy am I that the spirit of "Eclecticism" is opposed to all such practices.

Having now mentioned what I conceive to be some of the errors of "Old School" Medicine," and the long-established customs of the profession, I will now proceed to state some of *my* views in regard to the disease under consideration, and if I am wrong, be assured it is not merely for the sake of opposition that I take this position; but it is, and will be my object to look at things as they are, without prejudice.

In the first place, then, there is but one kind of "miasmatic" fever. This may, at first sight, appear to be a rather startling declaration, and is perhaps rather a bold one; but if we believe the axiom that like *causes* produce like effects, we are bound to admit the truth of the declaration, for the authors admit that all of the various fevers, are produced by miasmata (unless we except typhus).

It may then be asked, how does it manifest itself in so many different forms? I answer that the different forms which it assumes are owing to collateral circumstances, such as temperament, locality, mental and physical condition of the patient, etc. For instance, subject a feeble person to the same miasmatic influence that you would a plethoric person; the former, from the inability of his vital force to react, continues to absorb the noxious influence till his physical energies sink under it, and the consequence is a typhoid or low grade fever; it is a low grade of fever, simply because there are not vital energies sufficient to make it otherwise, not because there is any peculiarity in the noxious influence causing it. On the other hand, the plethoric individual, being exposed to the same noxious influence, may for a long time resist, or insensibly throw off the morbid cause, without producing any febrile excitement; at last some collateral circumstance produces some disturbance in the system, and the individual is taken with fever; now he will have a high grade of fever, or what the books would term a remittent. Now, if any proof of this position is necessary, we have it in the fact that if the remittent form is allowed to go on unchecked, in most cases it passes into the typhoid, or chronic form of the disease. Now, I ask why is this, if it be not, as I before stated, all one and the same disease only modified by the condition of the system which receives the miasmatic influence.

We have seen in the first case, that the individual was taken with the typhoid variety, merely from the anemic condition of his system at the time he was exposed to the morbid influence, commonly termed "miasmata" (of the reality of the existence of such a morbid agent, I shall not now discuss). In the second case, we have seen that the patient was in a very different condition when *he* received the morbid influence, yet, as soon as the vital energies had so far succumbed to the disease as to reduce him to a level with the first, then, without any *other morbid* influence, *his*

disease takes on all of the symptoms of the first ; now, if, as I have stated, this is not conclusive evidence of the position with which I have set out, then, I am prepared to adduce other testimony ; but for the present, this must suffice, as the space which I have allotted myself will not permit of much argument. I must really express my surprise that the authors should not have seen, and seeing, admitted the facts which I have tried to show, for they have noticed and admitted that the intermittent form of fever may run into or terminate in typhoid fever; can it then be possible that they are all so blind as to call them two different fevers, when one is in reality but an acute, while the other is the chronic form of the same disease ?

The other forms of fever can be as well accounted for as those already mentioned, and upon the same general principles (that of difference in constitution, temperament, vitality, etc.); but as I have not the time or space now, I will leave that for another time.

Besides the preceding heterodox views, I have still another which must come in here to show you the basis upon which I found the theory of my treatment in this disease. It is that the febrile excitement is not the disease, but merely an effort of nature to throw off the morbid influence ; consequently it is but a *symptom* of disease, and if the doctrine which I have adopted be true, it is a very important symptom to aid us in our *prognosis* ; for if there is a high grade of fever, it shows us at once that there is great vital energy, consequently our prognosis would be favorable, and *vice versa* in the typhoid condition, for here is a low grade of febrile reaction, which indicates an anemic condition of the patient, which is found in all chronic diseases.

Now let us see if these facts are not admitted by the authors, for say they (I do not pretend to quote their own words, but the substance of them), "Fever is the disease," and they then go on to say that the "remittent fever is characterized by a high grade of febrile excitement;" well, this is strictly true, but if such is the case, of course we have according to their own doctrine, the worst variety of fever, as compared with the typhoid, for the latter is characterized by a low grade of fever, and of course it necessarily follows that, if there is less fever, it is a less dangerous condition, and according to orthodox views, this is the conclusion we will naturally arrive at. Now, whether this proves my theory to be correct or not, I think that it shows a plain contradiction in the orthodox theory ; and it has been my rule to adopt no theory which can not be carried out in all its parts by the same straightforward course of reasoning; but it can not be expected of me on this occasion to go over the whole grounds, and illustrate my views in detail in regard to this matter, for *volumes* have been written to sustain the orthodox view of this subject, and a great many *more* would be necessary, if the doctrines inculcated by the profession were not such as to preclude investigation and free

thinking by its members ; but thanks to " Young Physic," a spirit of investigation has taken hold of the minds of his followers, and untrammelled by prejudice, and undaunted by the frowns of the adversary, they are marching onward and upward in the fields of Science, and the paths of duty, and if we do not *now* gather laurels to decorate our brows, or find our paths strewn with flowers, we may at least expect that posterity will bless our noble efforts.

Yes, Eclecticism, though her banner (in some instances) be carried by rather crude material, yet shall she live, honored and renowned, long after her adversaries shall be forgotten ; for Old Physic has traversed the dark and dismal valley of ignorance so long, that, though the torch of Eclecticism be held up to them, they *will not* see ; but knowing it to be a principle of natural history, that animals suddenly brought from darkness to light are so dazzled by its brilliancy, that for a time it is impossible for them to see, therefore, taking this into consideration, there may be some hope yet of old hunkerism.

Having said thus much in regard to my views of the disease under consideration, I will now proceed to give the treatment which I have adopted.

In the first place, however, I must acknowledge that some of the authors now take a very rational view of the pathological condition which miasmata produces upon the system, for, say they (Wood in particular), it produces a want of innervation, with which opinion I perfectly agree, for in my opinion the morbid influence is primarily received by the nervous system, depression ; this depression is followed by reaction, which continues till the reactive powers are exhausted, then follows remission or intermission, as the case may be ; and I would here remark that one of these conditions are more or less present in all the different forms of fever, which has given rise to the belief, as expressed by some authors, that it was a peculiar characteristic of *fevers* to take on *periodicity*. But in my opinion it is merely governed by a law of the animal economy, which is, that relaxation must necessarily follow a period of excitement, whether it be confined to the muscular or nervous system. Now then from what has been said, it must be evident in fever under all circumstances, that there is a struggle going on in the system between the disease and the vital forces. What then is indicated? Shall we step in and take from the vital forces what little energy they possess, by depleting the patient? The question so far as the " Old School " method of depletion is concerned, is too ridiculous to merit an answer ; but I go still farther than that. I am not in favor of any thing which has for its object depletion in any form however slight ; on the contrary, *tonics* are essentially indicated, and for this purpose I have found that Quinia Sulph. is the most efficient and available in the majority of cases ; however, there are cases in which this valuable remedy will not be admissible, in consequence of some peculiar-

ity of constitution, and of course in such cases we must take the second best remedy. The Quinine may be used with as good advantage during the exacerbation as the remission or in one form of the fever as well as another.

In intermittent fever from 5 to 15 grs. will usually cure the disease; but I have thought by adding two parts prepared carbo-vegetabilis to the Quinine and triturating them together that five or six grains of the medicine was better than twice its quantity in a pure state; why this should be so I can not tell, unless it be that even in this variety of the disease there is a septic tendency of the blood, and the charcoal counteracts that tendency, or condition, thus facilitating the cure, but certain am I that this is the case in all forms of *continued* fever.

The remittent form of fever, or the acute form, I treat more actively, and with larger doses of Quinine, with the view of checking the disease quick, and thus preventing its running into a chronic form, for this purpose I usually administer from 20 to 30 grs. of Quinine (with the charcoal as before) every 24 hours, until the disease is arrested, which is most generally within 48 hours.

I now take up fever in its chronic form, and here we find some symptoms which do not appear in the acute forms, a few of which are extreme prostration, coma or delirium, and great tendency to congestion, with the red, brown or black appearance of the tongue, these appearances of the tongue however, are indications of the different degrees of congestions, consequent upon the decomposition, or putrescent condition of the blood; and we find in these cases a decided alkaline condition, not only of the blood but of all the secretions, and in my opinion this condition of the secretions is brought about by the long-continued action of the morbid or depressing influence upon the nervous system. It then becomes us in the chronic form of fever, above all others, to avoid all depleting agents, and we must naturally conclude from the above mentioned pathological conditions, that tonics, anti-septics, and acids are indicated, but the tonic treatment must not be so heroic as in the acute forms of fever. I therefore give as a general rule, one gr. Quinine with two grs. Carbo-Vegetabilis every two hours; and dilute pyroligneous acid, and tartaric acid freely—keep the bowels in a soluble condition—bathe the surface in alkaline bathe every day (and it is proper to mention here that these two latter conditions must be attended to in all forms of fever) and if there is much tendency to congestion, apply fomentations, and if necessary sinapisms to the parts most affected; and in all cases where there is coma, or delirium, apply ice to the head constantly, until these conditions cease, when it may be discontinued. I should have mentioned, also, so soon as the tongue assumes a natural color, with moisture, the fomentations, sinapisms and acids, may be discontinued and the patient is then considered out of danger; provided the tonics are continued without interruption until en-

ture convalescence is established ; when the fever is about to decline, or rather disappear, there may be sinking, in which case give some alcoholic or other effective stimulant.

In conclusion, I would say that the above is an outline of the general treatment pursued by me for the last two years, with unparalleled success in my region of country, embracing in the acute forms of fever, many hundreds of cases, and in the chronic forms as "typhoid or enteric," in all about fifty cases, all of which have been treated without the loss of a single patient, and I have almost come to the conclusion that is unnecessary for a patient to die with fever.

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### THESIS ON SALVIA OFFICINALIS, AS AN ANTAPHRODISIAC, AND REMEDY IN THE TREATMENT OF SPERMATORRHEA.

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BY JAMES ANTON, M. D., OF GEORGIA.

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[Submitted to the Faculty of the E. M. Institute, of Cincinnati, Ohio, for the Doctorate of Medicine.]

The *salvia officinalis*, or sage, is a well-known garden plant. The leaves, which are officinal, abound in an essential oil which contains a considerable proportion of camphor. It is described as being "a stringent, feebly tonic expectorant and diaphoretic," and to "prove beneficial in checking the exhausting sweats of hectic fever." But I have never seen it described as an Antaphrodisiac, or as a remedy in the treatment of Spermatorrhœa. And yet, according to the result of my observation, it has often proved a valuable remedy for Spermatorrhœa, and an efficient Antaphrodisiac.

My attention was first directed to this plant in 1844, by some casual remarks of a gentleman in Ky., concerning its powers in suppressing venereal desires. His remark reminded me of an old room-mate who was alike notorious for lack of amorous feelings and frequent consumption of sage tea. After careful examinations of his head, his temperament, and general organization, I had always been at a loss to account for his lack of gallantry. But the remark I had heard concerning the powers of the sage, led me to think it possible there might have been some connexion between his disregard for the ladies and his frequent "cups" of sage tea. So I resolved to test its merits the first opportunity I could find, and did so by prescribing it to youths and men who I found indulged in Onanism, and desired aids to enable them to break off their evil habits. Many of them acknowledged that

the use of the sage tea for a few weeks had a decided sedative effect on their venereal desires; and several of them assured me that they were less frequently troubled with wanton dreams and nocturnal emissions than before they began its use. Such results appeared to speak well for the Antaphrodisiac properties of the sage, as no other medicines had been used. But to me it was not then satisfactory, as in most cases where I had prescribed its use I had reason to believe that I produced more or less influence over the minds of those who used the sage that induced them to alter their modes of life in several respects, and to keep a stricter watch and greater restraint over their passions, all of which would materially aid in producing what they might have attributed to the sage tea. But yet after making, as I thought, all due allowance for Psychological and other influences, I had reason to believe the sage had produced a sufficient Antaphrodisiac influence to warrant me in making further trial of it in similar cases.

During the winter of 1844-5 I had an excellent opportunity of fully testing the merits of the sage, in a case where there was no secondary influences brought to bear; and so efficient did it prove in that case, that, with what I had before seen of its effects, I became convinced that it might be relied upon as a safe remedy in the treatment of Spermatorrhea, and that it possessed Antaphrodisiac power of a high order. And considerable experience in the use of the sage during the last seven years in cases of Spermatorrhea, has satisfied me that a several weeks use of an infusion of sage will arrest involuntary seminal discharges, and also act as a sedative of the venereal desires with great safety, and in general far more certainly than the medicines in general use for such purposes. I will give the case alluded to above in illustration of its efficiency.

The case was that of W. H., of Alabama, aged 23. He had practiced Onanism from the 15th to the 20th year of his age, when his health became so very much impaired as to render him unable to continue his studies. Learning the evil effects of Onanism, he abandoned the practice and put himself under medical treatment. His general health was somewhat impaired, but he found that medicine seemed to have but little effect in arresting an involuntary loss of semen, that he discovered he was subject to occasionally while at stool, and frequently during sleep. This drain on his system continued to a considerable extent up to the time he consulted me, in January, 1845. At that time there was a general weakness of the whole organization, with much irritability of the nervous system. His face was pale, the eyes dull and watery, his flesh soft, his sleep very often unrefreshing, and he was frequently troubled with night-sweats. From a belief that medicine had increased the irritability of his genital organs he had discontinued its use for over a year. But for two years previous to the time he called on me he had been leading a very

regular and temperate life. And so far as regimen was concerned, he had been doing his best to aid in arresting his seminal losses; so that after hearing a full history of his case, his condition, habits, etc., at the time I could see no reason to prescribe any change of regimen.

Here, then, I thought was a rare chance to try the merits of the sage, and I determined, if possible, to put its virtues to the test. So without trying to produce any effect on his mind, by an assurance that the sage would cure him, or even telling him that it had cured others of Spermatorrhea, I advised him to drink a tea-cup full of a strong infusion of the leaves and tops of sage three times a day, to see if it would not arrest his night-sweats. He began its use, and in two weeks it produced a marked effect, by diminishing the frequency and severity of his night-sweats. The third week he was relieved from them entirely, and his sleep was more refreshing; and by that time he observed that he was less frequently troubled with seminal losses, during sleep or at stool. He had observed some diminution in that respect the week previous, but thought it accidental. But he now expressed his belief that a continuance in the use of the sage tea would cure him, as he was less troubled with amorous thoughts by day and dreams by night. During the fourth week there was a marked improvement in his health and spirits. He had also a greater desire for muscular exercise, and had but few seminal emissions. He continued the use of the tea three times a day for over four weeks, when he wrote me that he was a *well man*—that he eat, slept, and enjoyed life well. He said that he had improved much in flesh and strength, and had been, as far as he knew, free from Spermatorrhea for two weeks. After that time he used the tea once a day for nearly four weeks longer, when he quit using it, fearing, as he said, that if he continued its use much longer he would lose all venereal desire, and never again think of the ladies, day or night.

This was a case that afforded a fair test of the efficiency of the sage as a cure for Spermatorrhea; and it also showed that it was an efficient Antaphrodisiac. Its efficiency in these respects I attribute to the effect it produces on the part of the cerebellum and nerves connected with the sexual passion and genital organs.

I have often used the sage during the last seven years, in cases similar to that of W. H., and wherever it had a fair trial, *after making all due allowance for other aids—medicinal and hygienic*—I had good reason to be satisfied with its effects as an Antaphrodisiac, and in suppressing involuntary seminal discharges. But there were a few cases where I had to use other means along with it, generally moral and hygienic, when I administered it in cases of Spermatorrhea.

I might give numerous cases in evidence of the value of the sage as an Antaphrodisiac and remedy for Spermatorrhea, but I

will only state in what other cases it may be used with special advantage.

The sage may be used in all cases where there is a premature development of the sexual passions, or where they are too strong in adult life. And in cases where there is a morbid excitability of the genital organs, from excessive or perverted exercise. I have also seen where it was of much service in derangements of menses, arising, as I believed, from self-abuse. And I think it may be found useful in cases of Nymphomania, but have had no experience of its use in that disease.

It is contra indicated where there is much fullness of the sexual powers arising from an exhausted state of the part of the cerebellum and nerves connected with the sexual passion and genital organs.

I do not look upon the sage as a *specific*, but as a safe and valuable medicine that may be used to very great advantage in the treatment of the diseases for which I have spoken of using it.

My general directions for its preparation and use were to pour one pint of boiling water on half an ounce of the leaves and tops and cover up until cold. Dose from one to three teacupfuls three times a day.

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## REFORM AND REFORMERS.

BY FRANK STEWART, M. D.

It is within the remembrance of all housekeepers of twenty years experience in Philadelphia and New York, that at many of the corners of the streets could be seen well-known signs with "Cupping, Bleeding," etc., inscribed thereon, and if a member of one family was taken ill, usually after sending for the medical man, the messenger left word with the *bleeder*, as he was called; and prominent men were these bleeders to be sure, for they always have lots of hair-breadth escapes of certain death to relate, and never failed to uphold the medical wisdom of the Doctor—not to be bled, and a large bleeding at that, was supposed to be perfect madness, and an abominable heresy to suppose that inflammation could be cured or met with any other remedy. No patient could have been dangerously ill, that did not submit two or three times at least to the abstraction; and lucky was he, poor wight, if he got off so easily, and had not also to submit to large dosings with mercurials to assist the anti-phlogistic treatment. Ah! woe be to the man for making inroads on such a glorious treatment—woe to that sect that thought of altering the "established practice of physic!" But this is a progressive age, and mankind, the think-



ing portion, having understood that life is fleeting as a shadow—that three-score years and ten soon flee away—even with a vigorous constitution, began to listen to the voice of reason and humanity, and inquire if it was really necessary to be bled to within an inch of death to break a fever or keep off inflammation. These *heretics* doubtless noticed that many of the most celebrated physicians did not so treat themselves or their families, and that Locke, Smollet, Goldsmith, all these physicians held their art in contempt—that Byron anathematized it as the “destructive art of healing;” and in the words of “Frank,” “Thousands are *slaughtered* in the quiet sick-room, and governments should at once either banish medical men and their art, or they should take proper means that the lives of people may be safer than at present, when they look far less after the practice of this dangerous profession, and the murders committed in it, than after the lowest trades;” and “nothing,” says Sir Humphrey Davy, “has so much checked the progress of philosophy, as the confidence of teachers in delivering dogmas as truths which it would be presumptuous to question.” These facts becoming known—or the results of *medication* being seen, and experienced—or causes of which these may be fair to presume were similar, led many to inquire if inflammatory diseases could not be met more naturally, and subdued more easily and without recourse to the lancet,—and behold the difference! Now there are but four or five of the successors of the old bleeders, who have yet hanging out the old-fashioned signs, although the population has quadrupled in numbers, and the lancet is carried only in the pockets of the advocates of *exploded theories*, from vague ideas of respect for those who have preceded them.

Now, we have schools in which it is taught that it is a heinous crime to steal the *life* from their fellow-men (for John Hunter has proved to the satisfaction of every one, that *blood lives*, and every drop that artificiality is abstracted from the system is a drop of life !) and more natural and sanative doctrines of medication, by aiding and assisting nature and maintaining the vital principle are disseminated.

To whom we are indebted for these inroads and reforms all know. To Samuel Thomson of our own country, no monument too lofty could be built, and no inscription too pure or beautiful could be written, for the moral courage and physical daring manifested under so many disadvantages and persecutions, in his endeavors to coin a system to prevent the destruction of life and benefit his fellow-men. Beginning life without any chances of an education except such as he “*could get as best he might*,” when tired with daily toil in the field, he struggled on and has succeeded in proving to thousands the doctrine of “sanative means” for the cure of disease, and of demonstrating it as worse than useless to adopt the depletive plan. He has gone from us, but his

fame will endure forever. To Thos. V. Morrow and I. G. Jones are we also indebted for displaying by education, experience and teachings, the beauty and simplicity of the art of healing, and there are at this day thousands in the reformed ranks, who though they may differ in minor points, are yet united in *opposing to the death* the exploded theories, and in upholding and teaching reform in the practice of physic; and as these depart from among us, others will fill their places, and illustrate the truthfulness of the teachings of liberal principles and reform in medical matters.

Why should there be any quibbling and petty jealousies where so little is gained by it, and so much at stake? All can not think exactly alike, owing to circumstances under which many are placed—or from education and the means they have had of illustrating or examining and testing theories—hence, we should be slow to blame any man or set of men because they do not go full lengths with us or agree with us in all our views of disease and treatment—age and circumstances with great experience make men liberal, and when minds are well balanced, it serves to cause men to regard each other with more kindly feelings, and appreciate each other's labors.

Among the great men of this age who have astonished the medical world with the bold and fearless course he has pursued, is Dr. Samuel Dickson, formerly of Edinburgh, latterly of London; a gentleman thoroughly educated, and who has practiced successfully for nearly thirty years, and adopted a course peculiar to himself in the treatment of disease, by discarding the use of the lancet and all depletive measures for the removal of disease. His works all have read, and who is there that ever read them without profit even if for the hundredth time? "The Fallacies of Faculty" will run through hundreds of editions, or medical literature will sink into utter insignificance, and the "Forbidden Books" will be sought after and read again and again with pleasure and profit when many of the publications of the day will lay musty on the shelves pronounced as trash and worthless. If I do not occupy too much space I will illustrate some of Dr. Dickson's views by making some extracts from one of his works. He says—To sum up: 1. The phenomena of PERFECT HEALTH consists in the regular repetition of *alternate* motions or events, each, like the different revolutions of the wheels of a watch, embracing a special PERIOD of time.

2. DISEASE, under all its modifications is, in the first place, a simple exaggeration or diminution of the amount of the same motions or events, and being universally alternative with a PERIOD of comparative HEALTH, strictly speaking, resolves itself into FEVER REMITTENT OR INTERMITTENT, chronic, or acute, every kind of structured disorganization, from tooth-decay to pulmonary consumption, and that decomposition of the knee joint, familiarly known as white swelling, being merely developments in its course; tooth consumption, lung consumption, knee consumption.

3. The tendency of disorganization, usually denominated *acute* or inflammatory, differs from the *chronic* or scrofulous, in the mere amount of motion and temperature—the former being more remarkably characterized by excess of both, consequently exhibits a more rapid progress of decomposition or cure; while the latter approaches its respective terminations by more subdued, and therefore slower and less obvious alternations of the same action and temperature. In what does consumption of a tooth differ from consumption of the lungs, except in the difference of tissue involved, and the degree of danger to life, arising out of the nature of the respective offices of each?

Disease thus simplified, will be found to be amenable to a principle of treatment equally simple. Partaking throughout all its modifications of the nature of ague, it will be best met by a practice in accordance with the proper principle of treatment of that distemper.

The unity of disease was first promulgated by Hippocrates, and for centuries it was the ancient belief. In modern times it found an advocate in Dr. Rush, but except in this instance of unity betwixt the respective doctrines of both authors and my doctrine of disease, there is not a single feature in common. For whilst the first, from his observation of the resemblance of diseases, one to another, inferred that one imaginary humor must be the cause of all complaints, the doctrine of the second was that all disorders consisted in one kind of excitement. The principle of Hippocrates led him to purge and sweat; that of Rush to bleed, leech, and starve. In practice and in theory I am equally opposed to both. Other physicians, doubtless, have held the idea of a unity of disease, but neither in the true theory of the nature of morbid action, nor in the principle of the practical application of medical resources, have I as yet found the chrono-Thermal system anticipated. The opponents of my doctrines are those who embrace them by stealth, have alike searched the writings of the ancients in vain to discover a similarity to them in either respect. If it be urged against the author of the chrono-Thermal system of medicine, that he has availed himself of facts collected by others—and that, therefore, all is not his which his system contains—I answer, facts when disjointed are the mere bricks or materials with which the builders of all systems must work; and to deny to any man the merit of being the architect of a great edifice of truth on that account, would be just as reasonable as to ascribe the merit of St. Pauls cathedral to the donkeys and other beasts of burden Sir Christopher Wren necessarily employed in fetching the marble and mortar composing it. “Merely to collect facts is an easy and mindless task, that any being can perform; it requires eyes and hands, and almost dispenses with a brain; it is the work of a toiling wretch, who like the miser is incapable of using what he possesses. Mere facts lie around the savage, but he knows not what he sees. And such, precisely such,

is the case with the mere learners of the names of things, the collector of little facts, the indiscriminating triflers who think they are cultivating the sciences" (Walker). It is of these, nevertheless, that our medical clubs and coteries are chiefly composed and it is with the conglomerating effusions of these that the editors of the medical press chiefly contrive to keep the daylight of medical truth from the eyes of the student. Microscopical observations, straw splittings, and other like facts you have from their hands in abundance; but facts properly arranged and systematized into a whole or great fact, not only do you never find in their writings, but when you present such great facts to their eyes they either comprehend them not, or if they do, they immediately endeavor to stifle or steal the discovery.

"I (says Dickson) have never taken credit for being the first opponent of the lancet. But one thing in regard to this matter I do claim credit for, and that is, for being the first man who, by a strong array of all the facts and all the arguments of former opponents of the lancet never before produced in the *profession*, namely, an impression of the dangerous nature of the remedy; and whether they like to be told of it or not, I claim to have either convinced or compelled the profession materially to alter their practice. How amusing to see the manner in which those who formerly advocated the use of the lancet in apoplexy now endeavor to get out of their difficulty! Sir C. Bell, Clutterbuck, Marshall Hall, Wardrop, etc., in recent remarks upon its treatment, give so many doubts, *cautions* and *reservations* as all but to amount to a complete prohibition of the lancet in this disease; not one of them, however, having the boldness to oppose it entirely in direct words, or virtue enough to acknowledge to whom he owes the *new light* that has so lately come upon him in this matter.

But I am digressing, and I fear I will occupy too much room for one communication, and I dislike long ones; for unless they are pithy and to the point, few read them.

In the city of New York, practicing physic for more than a quarter of a century, resides a medical gentleman, who shortly after he graduated in 1833, becoming convinced of the correctness of Dr. Dickson's views boldly espoused his theory and has practiced it with great success ever since—silently and alone for many years opposing with all the energy of one man, the doctrine of venesection in disease—daring to differ from several medical brethren on consultation in a case of apoplexy, and resorting to the cold effusion where venesection had been determined on, and thus saving a valuable life, he has been pursued with malignity and driven to the public press to defend himself and repel his persecutors. Then he was charged and indicted for libel; but before the charge was brought to trial, the only witness they had died, and no testimony was there to sustain their case. His friends—for the gentleman has troops of friends—took advantage of this

opportunity to shame his adversaries and reward his virtue; and on consultation it was decided to grant him a gold medal; and a committee consisting of Dr. J. Emerson Kent, of Rhode Island, Dr. Frank. Stewart, of Pennsylvania, and H. J. Jones, of Kentucky, were appointed to cause one to be made and suitably inscribed. The medal—a large one, oval in form, measuring some three and a half inches in its largest diameter—was finished and presented in January, 1853; on one side being inscribed “By the friends of Medical Reform, this medal is presented to Wm. TURNER, M. D., of New York, as an acknowledgment for his efforts in the cause of suffering humanity. January 1st, 1853.” And on the other, a representation of a Phoenix, surrounded with the words “*Morborem quoque is causas et signa docebo.*”—VIRGIL.

This testimonial, coming as it does from friends in Indiana, Kentucky, Ohio, Pennsylvania, New York, New Jersey and Rhode Island, will be regarded in the spirit it is meant. It is true Dr. Turner has not been known, properly speaking, as an Eclectic, but more as the leader of the chrono-Thermalists here, strongly advocating Dr. Dickson's views (as I before remarked) in this country. But he is a Reformer—a bold, fearless, energetic, conscientious Reformer—who dares do his duty in spite of cliques, societies, or coteries, and as such surely we can aid him and bid him God SPEED.

“Who does the best his circumstance allows,  
Does well, acts nobly; angels could no more.”

These testimonials illustrate to the world the regard physicians have for each other, and serve to cheer the recipient on his way, and prove to him that there are some who can appreciate his toils; and whilst they do not mean to express the idea that a piece of plate, or a gold medal, splendid though it be, would at all compensate for the trials and watchings, the days and nights of anxious care, the overtasked brain, or the broken constitution; yet oftentimes they are pleasant to look on, for they bring to mind associations and reminiscences of the thoughts and feelings of those who would do more if they had the power, and the motives that prompted it, as a mark of friendship not forgotten, and of labors not unappreciated.

In a future number of the journal I may again take up this subject.

PHILADELPHIA, PA., January, 1853.

## AN ESSAY ON AURIGO.

BY JOHN B. SMITH FRISBEE, M.D.

[Submitted for the Doctorate of Medicine at the close of the Winter Session of E. M. Institute, 1853.]

Aurigo is an affection in which the skin, eyes and urine are of a yellow color from the presence of biliary matter. The color, however, in this disease is, in all cases, a mere symptom.

The essential pathological condition, in my opinion, is an excess of bile or yellow coloring principle in the blood, which, not finding a sufficient outlet by the liver, is thrown off by other emunctories. In most cases the appearance of the characteristic phenomena of Aurigo, is preceded by symptoms indicative of functional derangement of the liver and disorder of the digestive organs. Generally such as a diminution or loss of appetite. Sometimes nausea and vomiting, a sense of sinking in the abdomen, a tendency to constipation, the tongue is furred. Double or otherwise disordered vision, general disquietude, great depression of spirits and a disposition to gloomy views upon all subjects. These symptoms are not universally present, and in some instances most of them are wanting. If, after the appearance of the above symptoms, the stools be examined they will be found lighter, perhaps of a yellow hue; but afterwards, whitish or grayish like potter's clay. At length the yellowness of the surface makes its appearance. In some instances this is the first observable symptom. The color usually shows itself first in the eyes, afterwards upon the face, neck and upper part of the chest, and finally extends over the whole body, being most intense in those parts where the integument is thinnest.

Different shades of color are said to appear sometimes upon different portions of the body. At first the color is usually of a light yellow hue. Sometimes of a lemon yellow, which gradually deepens until it assumes a bright golden or orange hue, and this often covers the entire surface. Sometimes the yellowness is modified by a greenish tinge, and in some cases the color is so deep as to approach blackness; a result which is probably owing to a depraved state of the blood. The affection thus characterized, is sometimes called green or black Aurigo. This discoloration of the skin is often attended with severe and sometimes quite troublesome itching. The urine slightly colored at first, after a time becomes yellow or orange colored, the deeper colors are owing to a greater amount of bile, or the coloring matter of the bile, for the urine when diluted becomes of a bright yellow. The other secretions are usually more or less tinged with bile,

especially the perspiration which often stains the linen of a yellow color. The secretion of the mammary glands is seldom affected, and the same is true of the secretions of the mucous membranes. The coating on the tongue is of a yellow color, and the patient frequently has a bitter taste. Though the conjunctiva is usually deeply stained, the vision often remains unimpaired. Sometimes the coloring matter, however, appears to be deposited in the humors of the eye, then all objects appear of a yellowish hue. After the appearance of the yellowness of the skin, urine, etc., the preliminary symptoms diminish, though they usually continue to a greater or less degree. The patient is still generally affected with uneasiness in the epigastrium. More or less disorder of the digestive apparatus, depression of spirits, general languor and indisposition to exertion and other signs of nervous disorder. The bowels are usually costive, though sometimes regular and easily moved by purgative medicines. The stools, in a great majority of cases are whitish or of a clay color from the absence of bile. Although the stomach is frequently deranged, and even nausea and vomiting frequently occur, yet this is not invariably the case by any means. The appetite and digestion is sometimes unimpaired, the tongue is usually furred, though often quite or nearly healthy in its appearance. The skin is usually harsh and dry. The pulse varies much, being either quite natural, irregular, excited or even febrile, according as the disease is complicated, with inflammation or active congestion of the liver or other organs. In some cases the patient will complain of more or less tension in the epigastric or hypochondriac regions; this may be either heavy and dull as when Parenchymatous hepatitis or mucous duodenitis exists; or severe and spasmodic, as when the Aurigo is owing to the presence of concretions in the biliary passages. In the progress of the disease a greater or less degree of drowsiness is not uncommon; probably in consequence of the direct influence of the biliary matter upon the brain. As Aurigo may be associated with a great number of organic diseases of the liver or other contiguous organs, its symptoms must be modified accordingly. The course of the disease is extremely various—sometimes rapid in its attack, and as quickly disappearing. It frequently runs on for weeks and months, and in some obstinate cases for years. In the vast majority of cases it either disappears spontaneously or yields to appropriate treatment in a very short time. Fatal cases of Aurigo are exceedingly rare and only happen when the disease is complicated with some obstinate organic disease of the liver or adjacent viscera. The first appearance or sign of a favorable change is usually the reappearance of a healthy color of the stools, indicating a restoration of the secretion or excretion of the bile, at the same time there is generally considerable improvement in the symptoms of digestive and nervous disorder indica-

ted by a return of appetite, disappearance of the epigastric uneasiness and restored cheerfulness. This amelioration is often experienced before the discoloration of the surface has been materially changed or diminished; gradually the yellowness of the skin, eyes and urine also disappear, generally receding last from the parts first affected or attacked. The urine at this period frequently deposits a delicate reddish sediment, and itching of the surface and slight eruption followed by desquamation, are said sometimes to accompany the disappearance of the yellowness. The symptoms which indicate a fatal termination, are usually those which mark the last stages of organic hepatic disease; sometimes, however, fatal consequences appear to have ensued from an excessive accumulation of the excrementitious bilious principle in the circulation, producing effects on the brain analogous to those which result from too highly carbonized blood; such as delirium, profound coma, and apoplectic phenomena. The black and green Aurigo may sometimes, perhaps, be fatal from this cause, but more frequently their malignancy depends on the profound organic diseases, or total depravation of the blood with which they are associated.

**CAUSES.**—Aurigo may be produced by any cause which materially diminishes or suspends altogether the secretory functions of the liver, whether by producing a torpor or sort of paralysis of the organ, or by overwhelming its powers through the means of active congestion. Among the agents capable of producing the above conditions are continued heat, miasmata, the depressing emotions, any sudden and violent passion, hysterical excitement, errors of diet and gastric or duodenal affections operating through sympathy. The disease is also said to have prevailed epidemically. The causes may exist altogether independent of any lesion of the liver, or any impediment or obstruction to the flow of bile in the ducts, but such obstructions and lesions are said also to cause Aurigo. The organic diseases of the liver may act either by simply repressing the secretory function, by obstructing a greater or less number of the tubuli biliferi, or the larger ducts, or by destroying the substance of the organ. Obstructions of the biliary passages result from inflammatory thickening of the coats of the ducts, pressure upon them by tumors in their calibre. Solid accumulations in the colon and the pressure of the gravid uterus, are thought sometimes to give rise to Aurigo by pressing upon and closing the ducts. Inflammation of the duodenum is believed by some to be a frequent cause of Aurigo, and is thought to operate by closing the mouth of the common duct, or by extension of the inflammatory action to the mucous membranes of the passages and even to the liver. The disease is also thought to have originated in some instances from paralysis of the ducts. There is a variety of jaundice to which very young infants are liable, and from that circumstance is named *icterus neonatorum*.



Its cause is ascribed to obstruction of the duct by meconium or inspissated mucus, or to irritation or congestion of the liver, sympathetic with an irritation of the alimentary canal. Some attribute it to a congested state of the surface at birth which terminates in a change of color analogous to the yellowness following a bruise. It gives way generally to gentle laxatives.

#### TREATMENT OF AURIGO.

In simple Aurigo the most obvious indication is to promote the biliary secretion, and in the great majority of cases this is all that is required for this purpose. I would give, in the first place, an active chologogue cathartic. Podophyllin, gr. 1 and Leptandrin grs. 3. After this had operated fully, I should continue the use of the same articles, or Leptandrin alone, in smaller doses, so as to keep up the action of the liver. These measures, with frequent ablutions (alkaline bath), would be all that is required in simple cases, dependent upon torpidity of the liver. If this disease be the result of active inflammation of the liver, I should, in the first place, attempt to reduce the inflammation. For this I should use diaphoretics of a nauseating character. Warm pedeluvia, counter irritation, alternated with hot fomentations over the liver. If the disease be the result of a spasmodic action of the biliary ducts, I would give Anti-spasmodics internally—as Anti-spasmodic Tincture, or such like agents—externally, I should apply fomentations of stramonium leaves. After the spasmodic action was overcome, I would give an active chologogue cathartic, to arouse the liver, together with diaphoretics and diuretics, to assist in expelling the superabundance of bile from the system. I should also recommend the occasional use of anti-spasmodics and tonics, after the symptoms were all removed, to prevent a return.

When torpidity of the liver is associated with feeble and languid state of the stomach, I should, after using the anti-bilious physic, give tonics, or these in conjunction with gentle purgatives to keep the bowels in a soluble condition and liver active; as tonics, quinine, gentian, columbo, or quassia, etc., might be used in form of infusion, decoction, or tincture.

When the disease is owing to the presence of gall stones in the duct emetics in the first place, followed by relaxants and an active cathartic, would be the measures I would adopt. Warm fomentations of stramonium (of strain), over the liver, and bathing in warm water would also be of service.

Such, gentlemen, is an outline of the treatment which I should adopt under the circumstances named, but shall always expect to vary my treatment, not only of this disease, but all others, to suit the particular case which I am treating.

This is your instruction, and it is, in my opinion, the only way in which a practitioner can be successful. And, in conclusion,

gentlemen, let me return you my warmest gratitude for the interest which you have manifested in my behalf, as one of the class, since I have been under your instruction. And may the present Faculty of the Eclectic Medical Institute still persevere, until they triumph over every obstacle and succeed in establishing the glorious truths of Eclecticism or Medical Freedom, so that the combined forces of all the other *pathics* and *isms* can not prevail against it, is the hearty wish of your humble student.

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MRS. CATHARINE SCHOOLEY, THE WONDERFULLY  
ADIPO-LYMPHATIC LADY.

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BY PROF. W. BYRD POWELL, OF COVINGTON, KY.

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**Messrs. Editors:** For the instruction of your readers I propose to make the above-named lady, who has been very extensively (in this city) regarded as a great curiosity, the occasion of some remarks upon that department of human nature, of which she is an admirable illustration, in connection with a brief history of her life.

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Anatomists and physiologists have expended much labor in an endeavor to ascertain the average amount of fat or adipous matter which is common to the human race ; but when we reflect that the largest accumulation of it was in a German individual who weighed eight hundred pounds, and the smallest, which, perhaps, amounted to a total absence of it, was the well-known Calvin Edson, who weighed only fifty-eight pounds, and whose stature was that of a man—being some five feet ten inches high and of good general health. Between these extremes there is a difference of seven hundred and forty-two pounds. Therefore, as I was about to remark, that where such extremes exist it can not be an easy task to determine the average. Nevertheless, it has been agreed to consider one-twentieth part of each human being, upon an average, to be fat or adeps. According to this rule, a man weighing one hundred and sixty pounds would have eight pounds of fat.

In this active and excitable country, cases of leanness or Atrophy are much more numerous than those of even moderate hypertrophy; but in Holland, and in some parts of Africa, it is probable that, in a majority of individuals, the tendency is to hypertrophy; and yet the instances of such astonishing fatness, or hypertrophy, as Mrs. Schooley exhibits, have been remarkably few amongst all nations and in all ages.

In 1834 a gentleman from Kentucky, by the name of Prichard, exhibited himself in the Cincinnati Museum on account of his fat—he weighed 550 pounds. I regret that I do not know his height and other proportions, because, upon these depend much of the interest of the case. Some twenty-five years since a man exhibited himself in Philadelphia under the designation of “the Canadian Giant,” who weighed 618 pounds, and had an altitude of six feet four inches. Dupreytren has published the case of a beggar-woman, who was five feet one inch high, and five feet two inches in circumference, but he has not given her weight. But the most distinguished case known to physiological history is that of Daniel Lambert, of England, who weighed 739 pounds. His altitude I do not remember, but it was over six feet.

Before proceeding to an elucidation of this subject, I will introduce the facts as to the person of Mrs. Schooley, and a brief outline of her history :

Mrs. Schooley was born March 28th, 1816, in Warren County, New Jersey. Her father, Anthony Lurch, when in the prime of his life, weighed about 250 pounds, and her paternal grand-father weighed more than three hundred, and his wife more than two hundred. She had seventeen children—twelve boys and five girls—and at her death, which happened in the 78th year of her age, she had, to the best of Mrs. Schooley's information, about two hundred grand-children, and one hundred great grand-children.

Mrs. Schooley herself has a brother and a sister, who respec-

tively weigh about two hundred. It appears, then, from the history of her family, that she has inherited a liability to an adipous hypertrophy of constitution, and, so far as she knows any thing of herself, she has been, with more or less regularity and rapidity, gaining fat and increasing in size ever since her infancy.

When she married, which was in 1835, she weighed 160 pounds, and in 1836 she had a son, who lived to be more than four years old (this was the only child she ever had). In 1839, Mr. Schooley and she moved from New Jersey and settled in Pickaway county, Ohio, at which time she weighed 280 pounds. She has had up to the present moment, as a general condition, excellent health, and weighed, in 1845, five hundred and fifty-three pounds, and she thinks that she has gained one hundred pounds since; but good judges of weight, from appearances, estimate her weight at six hundred and thirty-five or forty pounds.

The following measurements will convey a pretty accurate idea of her magnitude :

Height of person	-	-	-	5 foot 2 inches
Circumference of the head	-	-	-	1 " 11 "
" " neck	-	-	-	1 " 7½ "
" " chest	-	-	-	5 " 5 "
" " abdomen	-	-	-	7 " 0 "
" " arm near the chest	-	-	-	3 " 2 "
" " arm 4 in. above elbow	-	-	-	1 " 10 "
Measure over head from meatus to meatus	-	-	-	1 " 2 "
Measure over head from nasal suture to occipital protuberance	-	-	-	1 " 3 "

Her hair is of a light chesnut color, and very sparsely set upon the head; the complexion of her skin is about that of a middle aged sanguine man—rather opaque and reddish on the face and hands, but fair where not exposed.

Her eyes are unusually full and prominent, and of a bluish gray color, but the eye-lids do not approximate as they usually do in the lymphatic constitution, but they do, nevertheless, give to the face an expression of heaviness. Her features, as a whole, are much of the sanguine order, large, fully defined, and withal, good looking. It should be remarked, however, that her forehead is more vertical, and the crown of the head is more elevated and expanded than is common to the sanguine constitution. All of the superior anterior part of her head is peculiarly lymphatic in its appearance. Her nose is straighter and of a more graceful form, and the lips are thinner than is common to the lymphatic constitution.

In her chamber she is active—sits down, gets up, and turns about with more quickness and promptness than is common to many ladies of much less portable dimensions; but a few movements, however, exhaust her. The walking of thirty yards would prove a very fatiguing task to her.

From the time of her accouchment to 1847, she was disposed to sleep the most of her time—she would fall to sleep when eating, with food in her mouth; the presence of no ordinary excitement could restrain this propensity. During this soporiferous condition she was much troubled with a feeling of weight or heaviness in the basilar region of the anterior lobes of the brain, with itching and tumefaction of the eyes. For the purpose of relief she was advised by a medical friend to smoke tobacco—she did so and was relieved, and continues so—she is now as wakeful as any one, but can not dispense with the remedy.

Her intellect is active and judgment good, superior to that of most of her sex—it even approaches masculinity. She converses well but soon becomes fatigued. She manifests, furthermore, a large share of that social delicacy for which her sex is distinguished. The conviction that she is both useless and helpless, and daily becoming more so, if possible, is a source of exquisite grief to her. She can not refrain from shedding tears when her helplessness is alluded to, but in the general she is social and apparently happy. Nothing but a sense of duty, with reference to a possible necessity, occasioned by the conviction that her condition requires the whole of her husband's time, sustains her in becoming an object of public curiosity.

Finally, she is not to be regarded as merely a large animal, but a lady of excellent judgment, fine social sympathies, and a faultless propriety of deportment.

When we contemplate the low stature of Mrs. Schooley in connection with her weight, she becomes at once an object of more anatomical and physiological interest than any other one known to history. The Canadian Giant was six feet four inches high, and therefore, if he had been as fat as she, he would have weighed 143 pounds more, while in reality he weighed 17 pounds less. Considering the respective altitudes of Mrs. Schooley and Daniel Lambert, their weight respectively, is about equal.

So far as we have well authenticated information Daniel Lambert must still be regarded as the largest man who has lived, and as the measurements of Mrs. Schooley are greater than those of the beggar woman named by Dupuytren, she must be regarded as the largest woman known to have existed.

To the scientific inquirer the most interesting relations of this class of persons, are yet to be considered.

What is the difference between the Adipous and Lymphatic constitutions? Lymph is not fat, and yet physiologists confound the two—they have drawn no distinction between them. Most of them would regard Mrs. Schooley as they did Daniel Lambert, as of the Lymphatic constitution. Those who are merely fat or obese, have small heads—that is, they are not larger than those of lean persons, but those of the Lymphatic constitution have large heads. This is not all: Lymph is never par-

ial in a normal state of the system—there is never a hypertrophy of it in one part of the system, and an absence of it in another. It pervades equally all parts of the system—the brain as well as the body. Lymphatic individuals never become so heavy as the fat or adipous. A fat person, furthermore, retains the features of their former and more dense condition, and of the dense varieties from which they had departed, only in the circumstance of their adipous hypertrophy. But the features of the purely Lymphatic, are peculiar and unmistakable—the eyelids are partially closed, the nose is pugged, the lips are thick and the head is large and round.

The following wood-cut of VAN TA GIN, is an admirable illustration of this temperament or constitution:



Mrs. Schooley's head indicates the presence of Lymph, but not to the extent of her magnitude, and although her head is above the average of female heads, yet it is not larger than some amongst the dense varieties. We decide that she is an obese specimen of the sanguine-Encephalo-Lymphatic constitution. The coronal aspect of her head, and certain peculiarities of her mouth and eyes, indicate the presence of Lymph. Her complexion and nose in particular, and to some extent her mouth, eyes and posterior portion of her head indicate the presence of the sanguine, as may be observed by a comparison of her portrait with the following cut of Gen. WASHINGTON:



The fullness or breadth of her head at the level of the parietal ridges, and the prominence of her inferior jaw, but more particularly the former, shows that she participates, to some extent, in the Encephalic temperament, as exhibited by the following cut of the Rev. Dr. REINSTADT :



As nothing is known of this constitution amongst physiologists, we remark that it consists in a very high endowment of the cerebrum or mental apparatus, with a corresponding feebleness of the vegetative and animal or cerebello-spinal systems.

It appears that Mrs. Schooley's constitution is composed of three; the sanguine and lymphatic, however, preponderate over the third or Encephalic. With the bilious she seems to have not the least affinity—she is as much unlike it as she is of any distinct race of the species. The bilious constitution is peculiar for its denseness or compactness, while her leading peculiarities are just the reverse. A comparison of her portrait with the following one of *Amosro* exhibits a bold contrast;



Having considered the constitutional relations of this remarkable lady to the species, we return to the question, what is the difference between an obese and a lymphatic constitution? If we are to be directed to our conclusion from the known chemical composition of Lymph, and of adeps, then there is no similitude between them and this, in reality, is our conviction. Fat consists of Hydrogen and Carbon, and lymph of water (about 96 per cent.) a small quantity of the salts, common to animal life,

(about two per cent.) and variable proportions of fibrin and albumen.

The Esquimaux Indians have been regarded by physiologists as Lymphatic. How is it possible for a lymphatic people to live in such a climate? The crania I have, show them to be bilious, while the necessity of their climate and the nature of their food would render them fat.

If I mistake not, the winter and spring conditions of hibernating animals, illustrate the fat and the lymphatic conditions of the animals. They never repair to their hibernacles until they become very fat, and while there they drink water but take no food—their fat maintained or provided for them the necessary animal heat. When they leave their hibernacles in the spring they appear to be as fat as when they went in; but this could not possibly be the case, and that it is not the case we may infer from the fact that they soon become very lean after leaving their hibernacles in the spring. Their condition then was that of lymph, a compound of water, fibrin, Albumen and salts, which is entirely incapable of sustaining animal heat.

There is another circumstance connected with this subject which



is not without interest. Lymphatic people are constantly calling for water, while the fat ones are fond of almost any thing that is sweet, they live measurably on arenaceous or non-azotized food. Different conditions of the nutritive process demand different ingesta—at one time water may be desired, at another water and carbon, as beer—arenaceous food and water, and at another still more carbonaceous food, as sugar, ardent spirits, etc. From the preceding considerations it seems probable that the cellular tissue may be filled to repletion with lymph at one time, and at another with adeps.

I do not feel willing to admit the existence of an adipous temperament, because the presence of adeps is never universal—it is not in the brain, and because I have become satisfied that it depends upon either an abstract or a relative deficiency of the pulmonary function consequent upon a small medulla oblongata and a large cerebellum. The disposition, then, to obesity results from a local Encephalic arrangement, while lymph depends upon, as yet, some unknown, but general peculiarity of organization. There is another circumstance which sustains this conclusion. I have never found any difficulty in tracing this constitution in its combinations with the other temperaments—but this I can not do with the adipous.

For the purpose of a more thorough elucidation of this subject I will add two or three statements of fact. When the medulla oblongata is large and the cerebellum is small, there exists a special liability to consumption, but not to the accumulation of adeps; and when the reverse condition obtains fat is generated, and finally, when both organs are large there will be found attending them a strong or muscular habit of the body, as in the person of Gen. Washington.

I have neither time nor space, at present, to show that the preceding statements are indeed facts, and that my conclusions from them are legitimately drawn; therefore, those who may desire to pursue this subject further, I refer to a forth-coming work (in June) by Prof. R. S. Newton and myself.

## PART II.— MISCELLANEOUS SELECTIONS.

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From the American Journal of Medicine.

### VALUE OF EXAMINATIONS OF THE TONGUE, IN THE DIAGNOSIS OF DISEASE.

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BY C. H. CLEVELAND, M.D., OF WATERBURY, VT.

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Not long since, it was the invariable custom of physicians to examine, or rather, to *pretend* to examine, the tongue of the patient at each visit, as an indispensable prerequisite to the diagnosis and the prognosis, on which to found their method of treatment.

Some, who wished to pass for wiser or more cautious practitioners than their neighbors, would apply the handle of a spoon, or perhaps the point of their finger to the tongue, and press it downwards, so that they could almost peer into the stomach, and discover the kind of food lodged there. With all this show of nagpie wisdom and inquisitiveness, it is probable not one time in a hundred could the practitioner tell the state of the tongue, one minute after the patient had closed his mouth.

It was the *fashion* to look at the tongue, and the attendant went through the *form* prescribed, but merely *as* a form, and not with the knowledge requisite to render the explanation useful, or with the attention and care that would have rendered that information of any value had it been in his possession.

Shall we infer from this, that it is useless to examine the tongues of our patients before prescribing for them? Certainly not, but rather that we should always understand the why and the wherefore of these things, and not to be mere *imitators* of those who may be worthy our utmost confidence, but who can not do the thinking for any but themselves.

Of late, this custom has fallen greatly into disuse, and now, any thing more than a casual glance at the tongue, is as uncommon as was the omission twenty years ago. The *fashion* has changed, but, as we think, without any good reason. Information *can*, and should be obtained from an examination into the condition of the tongue, conducted with the requisite skill and care; and this is a source of information no physician should neglect.

The tongue may present various hues of color, in its substance,

independent of the coating with which it may be covered ; and these variations in the color of its substance, to a certain extent, may safely be taken as an index to the condition of the general system. It may be very *red*, and the redness may be either general throughout the whole organ, or limited to the edges, the centre, on the point of it ; or, only the papillæ may be red, while the body of the tongue may be of the natural color, or either dry, or moist. The surface of the tongue may be smooth, dry and glossy, and swollen ; or it may be corrugated and apparently much diminished inside and pointed.

The tongue may be *pale*, and almost colorless, as in chlorosis, and after severe hemorrhage, or general debility, from want of proper nourishment to the system, through disease or starvation ; or it may be purple, as in asphyxia, and toward the close of life in cholera.

It may be fissured and covered with extravasated blood, as it sometimes is in typhus fever, and various typhoid diseases ; or it may be covered with a thick tenacious mucus. It may, as before remarked, have a pale or light appearance, from loss or from poverty of blood, or the mucus may give it a black, green, or yellow tint, or it may be stained by articles of food or drink, or medicine.

The tongue may be moved or protruded with great difficulty and slowness, from its being swollen or dry, or from dullness of the mind consequent upon disease of the general system, or of the brain ; or its motions may be irregular, tremulous, and uncertain ; or it may even remain partially or wholly incapable of motion, from paralysis of part or the whole of the organ.

These are the most important variations and changes which this organ presents to the observation of the physician, and it is well for him to understand the most common causes of these changes.

When a patient is suffering from continued fever, his tongue furnishes more satisfactory indications to guide the physician in his treatment, than in the febrile diseases, remittent or intermit- tent ; for in the former case it will aid in designating the different forms or complications of the disease, and also, in some degree, the severity ; and will thus, in a measure, indicate the treatment demanded.

In Typhoid Fever, the tongue at first is white, generally broad and moist, and soft, or not rigid or congested. If the disease progresses favorably, the appearance of the tongue remains without material change ; but when the bowels are seriously implicated, and the inflammation extends to the muscular and peritoneal tissues, the tongue becomes changed to a darker hue, the deposits on it and on the teeth are more abundant, darker, and less moist. This change in the appearance of the tongue indicates that the bowels should be carefully and gently, but fully

cleansed of their vitiated contents ; and also, that suitable external applications should be made to the abdomen. Sometimes the patient's mouth being frequently moistened with mucilaginous and warm liquids, a part of these preparations remain about the teeth and the tongue where they are changed, and drying, they adhere to those organs, and present appearances similar to those described. This fact should be borne in mind, as, in such cases, cleanliness is the only change of treatment demanded.

If, in addition to the above coated and dark appearance of the general surface of the tongue, the *point* or the edges of that organ may become red, or the whole surface take on the red and congested appearance, there is usually an *increase* of the inflammation of the intestines and the stomach, when all kinds of active stimulation should be cautiously avoided ; and even milder tonics should be administered in small amount and with care.

If the tongue passes from the red and dry stage, to a condition of dryness, swelling and blackness, it indicates a still more unfavorable condition of the general system ; unless this change be caused by the patient's breathing entirely through the mouth, from stoppage of the posterior nares, or some other cause. In the latter case, we frequently see those whose system is *not* implicated in any very serious disease, presenting a dark dry, and swollen tongue, that is more or less covered with a thick and tenacious mucus.

In disease of the stomach, the tongue does not give those clear and positive indications, which one might be led to anticipate. When the stomach is congested, or suffering from a mild or slow form of inflammation, we frequently see the tongue more or less red, and the upper surface coated with a white or yellowish fur ; but when the inflammation is very high, as when an acrid or poisonous substance has been swallowed, the tongue frequently remains unchanged in appearance, even until the disorganization of that viscus has proceeded so far as to produce death.

When the external coatings of the stomach are the seat of disease, as in cancer, the tongue seldom presents any departure from the healthy looks ; but if the disease invades the mucous lining then it at first becomes red and dry ; and afterward, if the cancerous disease leads to any considerable hemorrhage, the tongue will become pale, and even nearly colorless. In pain in the stomach, from derangement of the nerves alone, as in gastralgia or vomiting in pregnant woman, or from other derangement of the sexual organs, the tongue remains natural in appearance. In acute inflammation of the intestines, diarrhœa and dysentery, in colic, from lead or other cause, the appearance of the tongue remains natural, unless there be some complication of the disease.

In diseases of the lungs, also, no practical information can be obtained from an examination of the tongue, except the general

system be also involved, as in the last stages of pulmonary consumption, or where the lungs are so severely congested in pneumonia, as to produce derangement in the circulation of the blood. In all cases of severe congestion, or embarrassment of the general circulation, whether this congestion be in the lungs or elsewhere, the tongue is apt to become dark, dry, and fissured; but the prominence of these appearances are not always in proportion to the severity of the congestion.

In asphyxia, whether from cholera or from emphysema, the tongue may become bluish, and somewhat decreased in size, but not coated.

Disease of the serous membranes does not appear to modify the condition of the tongue to any great extent. Even severe inflammation of the peritoneum or pleura, although the pain is excessive, do not produce any apparent changes in its appearance, while the disease is confined by the lining of the cavities.

The same is also true of the inflammation of the liver. In jaundice, the tongue seldom becomes changed; while in disease or derangement of the kidneys, the tongue is quickly and uniformly changed from its healthy appearance. In all diseases of the nervous centres, or of the nervous system generally, the condition and appearance of the tongue is more or less changed. A loss of motion in the tongue, either partial or complete, is one of the most common symptoms of derangement of the cerebrum; and is almost constantly present in paralysis, general or partial. It is often the case, that for many days after an attack of apoplexy, the tongue can not be protruded from the mouth, and the speech is imperfect and mumbling.

An unnatural condition of the tongue, producing stammering, or incoherence of speech, is one of the first symptoms of paralysis, or derangement of the spinal nerves, in the insane.

But, it should be borne in mind, that paralysis of the tongue, or a loss of the power of speech, in a greater or less degree, is not a *certain* indication of the disease of the brain; for we meet with such loss of power in cases of hysteria, and in other derangements of the organs of reproduction.

In conclusion: We may derive great advantage from a careful and accurate examination of the condition of this organ, in many diseases but we can not learn from it as much as it was supposed we could by the older practitioners; while we *can* and should rely upon information to be obtained from its proper and intelligent investigation, far more than is done by the generality of physicians at the present day.

## ON THE TREATMENT OF PNEUMONIA.

BY DR. R. B. TODD, F. R. S., ETC.

The following cases illustrate a mode of treating pneumonia materially different from that which is most commonly employed. Dr. Todd commences by saying :

I will just observe, in *limine*, that the plan of treatment which I have pursued in the cases now convalescent, as well as in many others, consists, not in the use of remedies directly antiphlogistic (so-called), that is, of remedies intended directly to *knock down inflammation* by *withdrawing blood*, the *supposed* fuel of all inflammation, and by *reducing vital power*, but in the employment of means which will promote the free exercise of *certain excretory functions* by which the blood may be purified, and certain matters may be removed from the system, which, remaining in it, tend to *keep up a state* very favorable to inflammatory affections. The remedies to which I refer, tend to promote the free action of the skin and of the kidneys, and in a less degree that of the intestinal mucous membrane ; whilst, at the same time, a free stimulation is maintained of that part of the skin, which is near the seat of the pulmonary inflammation ; and an essential part of this treatment is, that whilst these remedies are being used, we do not aim at reducing the general powers of the system, but rather at upholding them, by such frequent supplies of nourishment, easy of assimilation, as may be readily appropriated ; and when necessary, even by the administration of stimulants,—on this principle, that the free exercise of two such great excretions as come from the skin and kidneys, would, if fed only from the tissue and the blood (without the introduction of fresh supplies), necessarily weaken and exhaust the general powers of the patient to an extent inconsistent with the full exercise of the process of repair needed by the inflamed organ.

Some physicians have drawn a distinction between cases of pneumonia, which is very useful with reference to treatment. There are, they say, two classes of cases of pneumonia ; the one *asthenic*, the other *asthenic* and *typhoid* ; the former capable of bearing the most active antiphlogistic treatment, and for which indeed, they say, that that treatment is absolutely necessary ; the latter, requiring a supporting and even a stimulating plan, and for which an antiphlogistic plan would be extremely hazardous and dangerous. Now, while I fully recognize and admit the great practical value of such a distinction as this, I must remark, that it seems to me that it ought to be expressed differently. I would say, that all cases of pneumonia have, independently of this of

that mode of treatment, a decided tendency to depress the general powers of life—some more, some less; and that, with all, a very decided direct antiphlogistic treatment is hazardous—with some extremely so—and that in none it is absolutely necessary; but, with others, there is no safety for the patient, unless the treatment from the beginning be of a decidedly supporting and stimulating nature.

You will note the distinction which I make between remedies directly and indirectly antiphlogistic. The former is a class of remedies whose supposed efficacy is founded upon a notion (an erroneous one as I think), namely, that certain acute and sthenic inflammations are attended with an undue exaltation of the vital forces, both local and general, and that these must be depressed before the inflammation will yield. I say, I think this view erroneous, for while I would readily concede, that in pneumonia there is an exaltation of vital force at the inflamed part, it seems to me quite plain, from the clinical history of the malady, that the local inflammation draws so largely upon the rest of the system as to depress the general powers of life; else, whence the weakness, the exhaustion, the failure of appetite, the wasting, which take place in the course of the disease, even when favorable, independent of any particular treatment?

The remedies indirectly antiphlogistic are those by which it is professed to promote and exalt some particular functions, as sweating or some other secretion, and thereby to purify the blood, by eliminating noxious matters through those channels, and by such purification of the blood to reduce or remove febrile symptoms.

The first of the two cases to which I shall refer is that of Edward Mills, aged 28. He is a railway porter, a good specimen of a strong athletic man, of active habits and accustomed to hard work, and, at the same time, evidently a person who has been well fed. In short, he is a person just adapted, by constitution and habit, to bear antiphlogistic treatment, if such were necessary.

On the 3d of January, 1851, he was seized with shivering, headache, shortness of breath, and cough, soon followed by the occurrence of a sharp pain in the left side, particularly upon taking a deep breath, and all this accompanied by a loss of appetite and fever. The next day he began to expectorate a quantity of very viscid and rusty mucus, and the breathing became more rapid, and the cough more frequent and troublesome; and on the 5th he came into the hospital.

The character of the sputa at once attracted our notice; and those of you who came round with me will recollect, that I particularly directed your attention to its extreme viscosity, and showed you how it adhered to the vessel in which it was received; so much so that I could turn the pot upside down with-

out the least displacement of its contents. We likewise observed the peculiar rusty color of the sputa. The matter expectorated in such cases looks exactly if it had been mixed with iron rust. The peculiar color is caused by the admixture of a certain amount of the colored particles of the blood, which may be seen in it through the microscope. The mixture is evidently very intimate; there is, in fact, in these cases, a hemorrhage, doubtless from the naked vessels of the pulmonary air-cells. But the appearance and color of the sputa differ very decidedly from those of the expectorated matter in ordinary cases of hæmoptysis. I think the difference is to be explained thus: In pneumonia, a copious secretion of mucus takes place from the membrane of the extreme bronchial tubes, or bronchial passages; and blood escaping from several very minute vessels, becomes intimately intermixed with the mucus, and gives it its rusty color. The escape of blood and the secretion of mucus take place simultaneously, and in about equal proportions, and are dependent on the same cause, namely, that which irritates the lung. But in hæmoptysis, the escape of blood is independent of any secretion of mucus, and often takes place without it, and the quantity of blood is always greatly in excess of that of mucus.

When present, this viscid and rusty state of the sputa is a pathognomonic sign of pneumonia. Indeed, the great viscosity alone, even without any red color, but with a yellowish, bilious hue, ought always to excite our apprehension, lest pneumonia may be commencing. Passive congestion of lung, such as we may meet with in low fevers, or in heart disease, will, however, sometimes give rise to sputa not unlike those of pneumonia, but to be distinguished from them by their being less viscid, and containing more blood, which is much less intimately mixed with the mucus.

Although the rusty and viscid character of the sputa will often enable us to diagnose the presence of inflammation of the substance of the lung, we must not conclude, that the absence of this characteristic expectoration is a positive proof against the existence of pneumonia. Many cases of pneumonia pass through all their stages and resolution takes place, without the occurrence of any expectoration, or with that of a very trifling amount of colorless mucus. In the cases of typhoid pneumonia, it is not uncommon to find that the patient does not expectorate, probably owing to his weak and sluggish state, his sensibilities being much blunted.

We found that our patient exhibited certain well-marked constitutional symptoms. He had a flushed face, and a hot and dry skin, and a tongue coated with a thick, white fur. He also complained much of thirst, and of a troublesome cough, and he suffered from a shooting pain in the left side, below and a little in front of the scapula, and extending over the shoulder, which im-



peded his breathing, and was increased by deep inspiration. At the same time, there was no very great increase in the quickness of the pulse (it was 96), but the respirations were much more frequent than in health, being 26. The pulse was full and strong, and such as would have *not only justified but invited bleeding*, if we allowed ourselves to be influenced by that single symptom in adopting such a line of treatment.

A careful examination of the chest at once enabled us to determine the exact nature of the evil, under which this patient was suffering. By percussion and auscultation we found a normal state of the right lung, the breathing being, however, rather more intense (puerile) than in health. On the left side, the percussion sound was quite natural in front, and good vesicular breathing was audible. Such, likewise, was the case all over the scapular region behind; but at the base of the lung, all about the region to which he referred his pain, a decidedly dull sound was elicited by percussion. Now, this dullness of percussion may arise, as you know, either from an effusion of fluid between the pleural membranes, or from a thickened state of the pleuræ, or from a condensation of such other alteration of the lung as prevents its free distension by air. When fluid is interposed between the pleuræ, the vibrations excited in the lung by the voice are not propagated to the wall of the chest, unless in cases where some old bands of adhesion serve to connect the surface of the lung to the costal pleura. In the present instance, the vibrations were sensible to the hand over the dull surface, and, therefore, we had to seek for some other cause for the dullness, besides pleuritic effusion.

There was no history of any former attack of pleurisy; therefore, it was improbable that there could have been any thickened state of the pleuræ. We found, however, a decided modification of the voice and breathing, which sufficiently accounted for the dull percussion. There were both bronchophony and bronchial breathing. Both these conditions occur only in a solidified state of lung; and when accompanied by viscid, rusty sputa, and the train of symptoms which we found in our patient Mills, we have no hesitation in referring the solidification to the effusion of plastic matter in the air-cells of the lung, which likewise serves to exclude the air from them.

The seat of the effusion of plastic matter in pneumonia, is in the fine air-passages within the lobules of the lung, the inter-lobular passages being free. The air, therefore, in inspiration, rushes through these tubes; and the vibrations which it excites on the walls of the tubes are easily propagated by the solid lung to the surface, and thus the phenomenon of tubular or bronchial breathing is hard—a sound similar to that which one may cause by simply blowing into a tube, or of which you may get a natural example by applying the stethoscope over the larynx of the neck.

And in bronchophony, it is as if the vocal sounds were generated in the air-passages—the voice seems to come from the lung. The fact is, that the vibrations excited at the vocal chords in the larynx are propagated along the walls of the bronchial tubes; and instead of being diffused through the soft, spongy lung, as in health, they are conducted in full force to the thoracic wall by its solidified portion.

You must not lose sight of the fact, that bronchial breathing and bronchophony are present wherever a part of the lung is solid, whatever be the cause of the solidification, provided only a great portion of the bronchial tube is pervious. Thus it is that we often find these signs when tubercular deposit has solidified a greater or less portion of lung. Sometimes pneumonia, running an insidious and chronic course, will make the lung solid, and develop these signs; or cancerous deposit may have been slowly taking place. To determine, then, the exact signification of these signs, you will have again to call in the aid of the history of the symptoms of the case.

You may have bronchial breathing when a slight pleuritic effusion has taken place; but such bronchial breathing will be accompanied, not with bronchophony, but with *œgophony*: a state of voice resonant and bronchial in its character, but rendered bleating by the interposition of a thin layer of fluid between the costal and pulmonary pleura. The existence of this modification of voice, and the simultaneous absence of great diminution of the usual vocal vibration, when the hand is applied closely to the wall of the chest, will distinguish the bronchial breathing which is accompanied by pleuritic effusion, from that which is due to the simple condensation of pneumonia.

Thus, then, the percussion which we first practiced on making our physical examination of the chest, directed us to the seat of the lesion; and from the bronchial breathing, the bronchophony, the rusty expectoration, the local pain, and embarrassed breathing, and the febrile disturbance, was diagnosed with confidence and certainty that the lobe of the right lung was in a state of inflammation, and had passed rapidly into hepatization. It is probable, too, that the inflammation of lung was accompanied by some degree of pleurisy. Of this, however, we had no certainty; but three circumstances rendered it probable: 1st, because the local pain was sharper than it usually is in pneumonia; 2dly, because on one day the bronchophony was decidedly *œgophonic* in its character; and, 3dly, because pneumonia rarely occurs without some degree of pleurisy affecting the pulmonary layer of the pleura.

The portion of lung involved in the inflammation was rather more than one third of the posterior part: the inferior third; and the inflammation extended half-way, or possibly two-thirds forwards, towards the anterior surface of the lung. This was also

the case in the second example of this disease, which I shall bring before you.

It is a remarkable feature in the clinical history of pneumonia, how prone it is to attack the lower portion of the lung, and how much more frequently the posterior part is affected than the anterior, and how often the inflammation involves only a portion of one lung, and that portion not exceeding one-third or one-half, not often reaching to the anterior surface, and seldom extending to the entire lung. I know of no satisfactory explanation of its partiality for the posterior and inferior part. Perhaps dependence of position, as likely to affect the circulation, may have something to do with it. The extent of the inflammation, and, perhaps, in some degree, its position, ought always to be taken into account in forming a prognosis. If only a portion of one lobe is affected, recovery is more frequent than the reverse, *if the treatment has not been of a too depleting nature*; should the whole of one lobe be involved, or more than half the lung, the chances of recovery are much more diminished; and, should the inflammation engage the whole of one lung, the disease is very frequently fatal. When pneumonia is seated in the upper lobes, the chances of recovery are much less than when it occupies the lower lobe. This is partly because when the disease attacks the upper lobe it is of a more asthenic nature, and partly, also, because this part is most apt to be affected in old persons. The clinical fact is highly deserving of your attention, and ought to exercise an influence upon your treatment.

*Treatment.*—Now, the treatment to which this patient, and the other whose case I shall presently detail, were subjected, consisted in the free application, to the back and side over the region of the dullness, of flannels soaked in warm spirits of turpentine, which were kept up for half an hour. These stupes were applied at three several periods of the day, for the first three or four days. They excited considerable irritation and redness of the skin. At the same time a diaphoretic medicine was administered, consisting chiefly of the liquor ammoniæ acetates, of which as much as six drachms were given every three or four hours; at the same time an occasional dose of a mild aperient medicine was given, and the patient was allowed a pint of beef tea daily with a little milk and bread.

Let us see, then, the progress of the case under this treatment.

The patient, you will remember, came in on the 5th of January, which, reckoning from the date of the first appearance of rigor and pain, was the third day of disease.

On January 6, he was much the same as on his admission. Pulse 96; respiration, 36.

On the 7th, a small patch of herpes was noticed at the right angle of the mouth. Pulse 90; respiration 36. A decided crepitation is heard at the end of each inspiration, although the breathing remains tubular: sputa abundant, and less viscid.

On the 8th, pulse 80 ; respirations 40 ; the dullness on percussion less extensive ; the returning crepitation is now audible over the whole of the region of inflamed lung ; fever less ; tongue cleaning.

Jan. 9th, (seventh day of disease), the pain much relieved ; bronchial breathing completely relieved by crepitation. Pulse 96 ; respirations 30.

On the 10th, the skin moist and soft ; sputa no longer rusty ; crepitation audible on deep inspiration, and the voice slightly resonant beneath the scapula. Pulse, 80 ; respirations, 32.

On the 12th, crepitation being still present ; on the 13th, it was reported that the breathing was nearly pure, crepitation having almost disappeared. Pulse, 68 ; respirations, 28.

On 17, fourteen days after the first seizure, our patient was quite convalescent.

[CONCLUDED IN NEXT NUMBER.]

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### THE THREE GREAT NEEDS OF OUR PROFESSION.

How long, with all the elements of truth and success in it, is the Reformed Medical Profession to lie, as it now does, to too great an extent, in a state of prostration and imbecility? How long must it show to the world the singular spectacle of a majority in the number of its open supporters and secret well-wishers, and yet almost a helpless *minority* so far as all its public interests and relations are concerned? How long will the almost giant strength of thousands of industrious, respectable, and successful practitioners, suffer itself to slumber on in the inefficiency of single, unaided effort? when intelligent co-operation would accomplish so much for each and for all!

It is astonishing—most astonishing, how we should have accomplished so much, and yet, so little! The strong-holds of an established practice of centuries' growth, are giving way before us. Allopathic medication has come down many degrees from the pinnacle of "heroism" to which it had climbed ; and it must descend farther yet, or stand still and be disowned. Allopathy no longer marches in "seven-league boots" straight to the extermination of disease or patient, but finds herself compelled to "walk softly" on the uncertain footing of morbid conditions and therapeutic possibilities. And yet our moral force is weakened by internal divisions ; and our professional character is left al-

most everywhere to the spors of circumstances. We lie spread out over the face of this great, free and working nation, very much like the materials out of which should be constructed a vast and beautiful edifice,—some rough-hewn, some polished and well fitted under the workman's hand for their place in wall, or pillar, or dome, but all scattered and disjointed. Our profession might be compared to a huge jelly-fish, devoid of muscle, bone and nerve, that can do nothing but lie flat on a rock and suck in its own substance ; instead of which we should be a grand organized intellect, breaking down conservatism under the revolutions of a machinery driven by a *thousand-brain power*.

We must suppose that no man would be likely to enlist in the cause of medical progress without the possession of a good share of mental independence. Nor would many be likely to do so without motives of philanthropy. And it is to be hoped that Reformers, of all men, will see the necessity of being guided in all their actions, by principles of strict integrity. All these good qualities, I am happy to believe, are possessed, at least in an average degree, by our profession. Leaving these aside, then, for the present, let us point out what, in our opinion, are the three great needs of our cause, and its active supporters at the present time.

First of all, then, we need more of *well-directed energy*. Energy we have,—much of it. The quiet moral courage with which our practitioners, in spite of sneers, and often of calumny, work side by side with their opponents, although law and privilege have conspired to make the struggle a very unequal one, and the steady hand with which the judicious among them push their way to the confidence of the community, and hold it when secured, is worthy of all commendation. As a body of men, we already wield a vast power ; and that power is felt, even if it be not so much in our public relations. But is not our power that of multitude, rather than of disciplined force ?

As proofs of what we are doing, look at the fact that Old School practice has been fairly remodeled under our hands,—as much so as if we had revised their “*pharmacopœias*,” and expurgated false doctrines from their schools ! We have said, “*withhold the lancet*,”—forbear to give calomel, antimony, and all violent poisons,” and to-day the lancet is not used once, where formerly it would have been *twenty times*, while of calomel, antimony, and the like, not one grain is now given, where, half a century ago, the patient would have swallowed *fifty* ! These are facts of tremendous importance. They ought to wake us up to the dignity of our work, and the certainty, with the use of the proper means of success. Again, let us remember that Allopathic practitioners are at the present time, more than ever before, disposed to investigate our system of practice ; and a greater number are embracing it. Couple with this the fact that in nearly all the “*regular*”

medical colleges of our country the annual classes are diminishing in numbers,—a result of which Homœopathy and Water-cure can only claim with us a share of the honor,—and the picture is even then but partially complete.

But in what way have we fought in this “good fight?” The answer is, single-handed, “every man for himself,” without drill or marshaling,—a sort of helter-skelter, pell-mell warfare,—the force of the multitude, we say again, and not of the disciplined army.

And this brings us to our second need, which is that of “*public spirit*.” The whole force of our success in the past only urges us the more powerfully to combine our efforts for the future. But this we have not yet done. We know not when it will be done. And what is the hindrance? Is it because we can not trust one another? Who among us will confess, or among our rivals, who will dare allege, that this is so? Surely, then, this is not the obstacle. Is it because we fail to see the advantages to be secured to us, individually, as well as collectively, by a union of endeavor? No one can be so blind, and few so selfish, as not to see. Is it because the spirit of independence has rather overgrown its just limits in us, and having impelled us to lay aside the shackles of authority, now runs so high as to make even the apparent restraint of association irksome to us? Have we gone too far, and in throwing off all leadership, determined that we are to be all leaders ourselves? Or are we destitute of enlarged public and social sentiments, so that our only care and effort is to hoard up comfort and character for private use? These questions are of too great moment to be answered lightly. They require reflection, and for that we leave them.

But the fact of an almost utter destitution among us of an enlarged and comprehensive “public spirit,” stares us every day in the face, and can not be denied. We have very few living and active Medical Societies. A few State and County Societies have crept into existence among us, but they have done very little for their members, and still less for the advancement of medical science. Our State Conventions have met more for the transaction of a certain routine of business, of which it would be hard to see the object (unless, indeed, it has been to serve the ends of private individuals and special cliques), than for any systematic plan of individual or general enlightenment by essays, discussions, or the spread and testing of new theories or remedial appliances. Of our National Association and its “Transactions,” perhaps it does not become us here to speak; but we put the question to the members of our profession, whether they are now preparing to represent their cause and themselves to *still better* advantage in the coming Convention at Philadelphia, the present year. Who are preparing essays—not flighty eulogiums of Eclecticism, but sound practical essays upon obscure or interesting

points in Physiology, Pathology, or medical, surgical, or obstetrical Practice?

And again: where are our college edifices? where our college libraries? where our cabinets, anatomical, pathological, botanical, zoological, or mineralogical? If our Practitioners would set aside one-tenth of all their earnings, year by year, and then see that it was placed in honorable and capable hands, to be disbursed in the building of Medical Colleges, and the accumulation of Libraries and other educational facilities, we hazard the assertion that in five years' time they would be the gainers by their course, even *pecuniarily*,—to say nothing of the increased satisfaction, improved social standing and lasting honor they would secure by so doing. Laying aside the wisdom and humanity of it, such a movement would be for us, the perfection of *policy*. □

Where are our original investigators and experimenters in the wide and yet inviting regions of the medical sciences? True, within our ranks one master-spirit may be found presiding over each of the departments of Chemistry, Pathology, and Neurology; but where there is one, we would gladly see many.

This thought points to our third great need,—it is that of a taste for study and investigation. We want more men who shall delve, and still delve, *con amore*—from very bewitching—in the rich veins of “Health, Disease, and Remedy.” We boast of our practical skill, and deservedly. But, strangely as it sounds, would it not be better if we were *less* practical, and more given to theory, for a time? We should be more truly practical for it, in the end. For true practicality grows out of true wisdom; and true wisdom is not possible without correct knowledge! But we did not design to dwell on this thought now, only to express our conviction of its importance.

Does any one pronounce this picture a sombre one? It is so, and designedly. Flattery always spoils the individual; why should it not deteriorate the class? Our strong points will take care of themselves, and our virtues reward themselves; it is our weaknesses and vices that require constant attention. The thoughts here advanced are not intended to disparage,—only to stimulate to new and prouder endeavors.

If the picture here drawn is a true one, then we shall see a case before us requiring some skillful, but resolute surgery; we must lay hold of this vast *jelly-fish* of Reform, “make a bold incision,” and carry our operations to the very core of the animal. We must see that he is supplied with a complete set of powerful *muscles* (individual energy). But these will do little good, unless they have strong attachments to a body fabric. We must, therefore, introduce a complete and systematic *skeleton* (thorough, harmonious organization). All these will still work at random, and our *fish* will be as likely to progress *backward*, as any other

way, if left without "wisdom to direct." We must, therefore, superadd a *nervous system* (taste for study and investigation), and fitting to that the "eyes" of science, we shall have an organization endowed with new and wonderful powers. Or, to change the figure again, we must find somewhere among us, as a profession, the prudent, skillful and accomplished workmen who can bring together the fragmentary parts of the grand edifice of Medical Progression, that now lie scattered on every hand, assured that from them may be built up a fabric of consolidated strength, beauty, and utility, whose perfection shall be "a name and a praise in the whole earth." R.

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### CAMPHOR AN ANTIDOTE FOR THE POISON OF STRYCHNINE.

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BY I. PIDDUCK, M.D.

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In Mr. Cooper Foster's paper on poisoning by Strychnine, which appeared in the September number of the *Lancet*, he states that "no antidote is known." The following case will help to supply the deficiency.

J. W., piano-forte maker, a weakly man of intemperate habits, accustomed to work in a hot work-shop, and exposure to cold on his way to and from work, was the subject of severe attacks of rheumatic gout. After one of these gouty rheumatic attacks, he was suffering under dyspepsia, neuralgic pains and general debility. For the relief of these symptoms strychnia was prescribed in the dose of a sixteenth of a grain three times a day. By mistake at the chemist's (one of the first in London), the grain of strychnia, with sugar, was divided into *six* instead of sixteen powders.

The first dose taken in the evening produced severe twitchings of the muscles; but the second dose, early in the morning, threw him into violent convulsions. The messenger who came for me said he was dying. Immediately on discovering the mistake, and witnessing one of the frightful paroxysms, I prescribed twenty grains of camphor in six ounces of almond mixture, one-fourth to be taken every two hours. The first dose so completely quieted the convulsions that there was no need of a second.

Cases of this kind rarely occur, and I have only this one to adduce, but the incompatibility of strychnia and camphor proves *pro tanto*, that the one is the antidote to the other. As a general rule, to which there probably may be many exceptions, the poison and the antidote severally are to be found in the three kingdoms of nature.—*London Lancet for November.*



## PART III.—EDITORIAL.

### CLINICAL REPORTS.

*At Newton's Clinical Institute. Service of PROFESSOR NEWTON.  
March 22, 1853.*

[Reported by ISAAC TIBBETS, one of the Class.]

The Professor spoke substantially as follows :

GENTLEMEN : You are aware of the strenuous efforts we are making for the purpose of being able to teach our practice to the class. We have been somewhat disappointed in some of our arrangements ; but still we have got this hall so arranged, that twice every week we shall present a variety of cases for examination and treatment.

We have labored under disadvantages from not having our right in the Commercial Hospital, which privilege properly belongs to all medical students. We expect, here, to do the best we can for you, and present as great a number of cases as we can, and perhaps you will derive as much practical knowledge as you would in any of the other institutions.

There are twenty or thirty institutions of a similar kind in London, and a number in Paris, where they are teaching their clinical practice. You can not expect that we shall have such a variety of cases as they have in these older institutions.

Our Clinical Institute is now just commenced, and we think with a fine prospect of great utility to the students of the College as well as those who will attend the private course, which will be delivered in this Hall during the vacation of the E. M. Institute.

The first case we shall present you this afternoon, is that of a little boy with dislocation of the arm, presented by Dr. Thomas, of Covington, Ky. His name is Wallis :

Sometime last fall he was chopping upon a log, and fell and dislocated the shoulder, and fractured the arm about two inches below the head of the humerus. A physician dressed the fracture and did not discover there was a dislocation and left it so.

When brought to this city for treatment, he had a very bad cough and was much emaciated, being reduced nearly to a skeleton. The bones did not unite nor approximate each other. The ends of the bones had ulcerated, which resulted in fistulus openings and ulcers upon the surface. For this we injected from one to two drachms of sesqui-carbonate of potassa with six ounces of water.

About three weeks since, the bones became united, and the ulcers have been kept open by the use of the sesqui-carbonate of potassa. The constitutional treatment has recently been iodate of potassum, and compound syr. stillingia.

It has been left to his choice by his guardian whether to have it amputated or not; and he says he will not have it done. The treatment that will now be adopted will be to touch it lightly with the sesqui-carbonate potassa, and then apply the compound lead ointments of the Eclectic Dispensatory.

**CASE II.** Ryan, *æt.* 20. He states that from his earliest recollection he had an affection of the nose. It was a discharge that had continued up to this winter. The nose is not fully grown and the turbinated bones have ulcerated and sloughed away. He has long since lost the sense of smell. There seems to be a scrofulous taint of the system. There has been a very offensive secretion from the whole skin, and still worse from the nose. This secretion was so great that it rendered it unpleasant to remain where he was. His treatment has been sesqui-carbonate of potassa, alternating it with hydrastis. It was put in the nose with cotton until the disease of the bones sluffed off.

What was singular in his case, was the enormous secretion which took place from the nose, frequently filling up the nares so that he could scarcely breathe. Lately he has used the alterative syrup, the compound syrup of stillingia. From this treatment he feels almost entirely relieved.

He has been in the habit of applying this caustic daily until recently. For the present but twice a week. There seems, now, to be but little tenderness in the nose, and he will require but little further treatment.

**CASE III.** Houston, a resident of Alabama, has been laboring under a scrofulous diathesis. His eyes became much inflamed. It presents itself upon the hands, which become, sometimes, so badly cracked causing frequent bleeding, that he is unable to use them, but at present is improving. This is called by some Tetter, and requires considerable time to effect a cure, especially with a scrofulous habit. Treatment, wash the hands with glycyrrine. Apply the zinc ointment. It has been ten days since we commenced applying it, and it is rapidly healing. The skin is now quite soft, and looks much improved. We use in such cases the scrofulous alterative syrup—at the same time we use the zinc ointment on the eye-lids, and is making a favorable change.

**CASE IV.** Scrofula.—Mary E. She is presented as a case of Scrofula.

I have not seen her before. Her history is that her mother and three of her sisters have died of scrofula. There is a good deal of eruption on the forehead now. She says she coughs a good deal and throws up considerable corruption. Treatment:

R. Comp. Syr. Stillingia., *oz.* vi.

Syr. Ginger, *oz.* iv,

Iodate Potassum, *dr.* ½.

Mix and give one *dr.* three times a day.

**CASE V.** Polypus.—Mrs. M., had polypus of the nose three years since; has been suffering from neuralgic pains of the eye. She has now some symptoms of the developement of polypus. There is pressure upon the parts made by

an increase of size of the polypus. The pain will now increase in intensity as the disease advances. Treatment :

R. Sulph. Quinine, grs. xx.

Hydrastin, grs. xx.

Mix in Syr. Ginger, oz. iv.

One drachm three times a day.

CASE VI. Fungus Hematodes.—John Herrington, aged four years and six months, is a little boy laboring under Fungus Hematodes of the left shoulder and arm. It will not do to excite him for fear of hemorrhage. When ten weeks old a little red spot appeared on the shoulder, and has continued to increase ever since attacked. Two years since he had slight hemorrhage. It has since increased in frequency. A few days ago he bled two quarts at one time. I have never seen a cancer so large located here.

I hardly know whether to operate or not, for it is somewhat doubtful whether he would survive an operation.

It embraces the arm clear below the elbow with the whole of the shoulder joint, and has contracted the chest upon the left side. The blood-vessels are very much engorged. It measures 19 inches across from the neck, and it measures 22 inches in circumference. Its largest circumference is 24 inches. He has grown more for the last year than for two years previous. There has been no hemorrhage for a week, and it is probable that in a few days he will have another attack. Treatment—quiet and careful exercise.

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MEDICAL COLLEGES IN NEW YORK.—From the following notice of the proceedings of the New York Legislature, it appears that that body is unwilling to give a special act of incorporation to any but Old School institutions. We were not aware before, that none but the orthodox had regular charters of incorporation in New York. This must place reformatory movements at a great disadvantage in that state. We were informed not long since by a medical student of New York, that fungus organizations were in existence, and that medical diplomas were peddled about in a disgraceful manner, but our informant gave no names or dates that would enable us to judge of the truth of his information, or to know to what he alluded. Will Prof. Reuben tell us what is the real state of the case as to charters, diplomas, etc., in the state of New York? We wish to give the truth precisely as it is. B.

The following debate took place in the Legislature on Wednesday :

Mr. Sprague reported against the petitions to incorporate the National College of Physicians and Surgeons in the city of New York.

Mr. Burroughs opposed the adoption of the report. He had yet to learn that any new system in the medical profession was not to be permitted as well as in the legal profession. He held it to be the right of these persons to demand from this Legislature, at least the encouragement of an incorporation. If we wished to do away with quackery, the true way was to give these men an institution in which practitioners could be educated.

Mr. Ellsworth said this matter had come up before the Legislature of last year, and it was referred to the Regents of the University to report whether a general law for the incorporation of these institutions should not be passed, so

that all, of whatever character, might become incorporated. The Regents have reported in favor of such a general law. He had no objection to a general law, but was opposed to this special act.

Mr. W. Taylor stated that in pursuance of the recommendation of the Regents, a general law on this subject will soon be reported.

Mr. Burroughs then moved to lay the report on the table. Carried.

The proposed college, we suppose, is of what is called the "irregular" order. Thus far no institution of this character has been chartered or enabled to confer degrees. Two or three Old School institutions in New York, the Albany, Geneva and Buffalo Medical Colleges have been for many years the only Medical Colleges in this state.

We like the idea of passing a general law. It ought to have been done immediately after the adoption of the New Constitution. There should be a prescribed course of study, a fixed standard of qualifications, and a rigid accountability of officers. The conferment of a degree without examination of the endowments of the recipient, should be a misdemeanor, punishable by imprisonment of the parties, and a forfeiture of the charter of the institution. It is high time that mushroom institutions of no established scientific or professional character, without proper charters, and managed so as to promote the selfish ends of one or two individuals, should be properly indicated; and that pretended diplomas should not be granted in violation of usage or propriety. The neglect of the state Legislature to furnish a proper law relative to medical institutions has afforded interested individuals opportunity to deceive the public, and to pillage the unwary. Suitable legislation will interpose the needed check.—*Daily Star*.

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DR. R. B. JESSUP "A MEMBER OF THE REGULAR PROFESSION."—It is customary with all medical schools to issue their announcements from time to time to the various medical men of the country, of whose names and addresses they may be in possession, without regard to differences of opinion in medical matters. Eclectics are constantly receiving such from the Allopathic schools, and we venture to say that the senders of them have never received either abuse, insult, or low, blackguard responses. It seems that an announcement of the spring session of the Eclectic Medical Institute at Cincinnati, was sent to Dr. R. B. Jessup, of Rising Sun, Ind., who insinuates himself to be "a member of the regular profession," and who has, therefore, astonished the world with the following rich display of gentlemanly polish and scientific attainments:

"You will please do me the favor, hereafter, not to send me any thing of this sort. I regard it as the height of impudence for Empirics to be sending their quackish trash to members of the regular medical profession. But quackery always resorts to meanness of all kinds to accomplish its base designs—therefore, it is a matter of no surprise. Impudence and ignorance are essential elements in the character of "Eclectics" of all grades—teachers as well as scholars. The former combine knavery enough in their composition to dupe the green horns to gape at them as Lecturers! and Professors!—while the latter have enough to impose themselves on the confiding community as Doctors? (Heaven save the mark!) One fool makes many, they in turn fill the grave, yards. Nothing like cheap *larnin*!"

DR. R. B. JESSUP."

After reading the above specimen of gentlemanly courtesy and high-mindedness, we could not help exclaiming "Who would not be a member of the regular medical profession!" It seems that these members, or at least a portion

of them, are blessed with that degree of exquisite sensitiveness which is common to all selfish, illiberal, and ignorant minds. They would stay the progress of medical science with an iron hand, and would have the community swallow their deadly drugs with closed eyes, stupid intellect, and a "God save the doctor." They have arrogantly placed themselves as the only true judges of matters pertaining to medicine, and assume to themselves the name of *regular* physicians, while to all not of their opinions or practice, who dare to employ that gift from Heaven, bestowed upon man for free and unshackled cultivation, the mind—they not only have the effrontery to brand as quacks, but deem it an especial privilege belonging only to themselves to insult, ridicule, misrepresent, and abuse them just as their little minds and contracted souls may suggest. And to this pigmy race of medical men belongs the writer of the above elegant and classical effusion, Dr. R. B. Jessup, of Rising Sun, Ind., "a member of the regular medical profession," who, like the animal in the fable, has betrayed his true character by attempting to imitate the roar of that nobility with which he has superficially invested himself. Though he has not shown his teeth, he has certainly exposed the length of his ears as well as the rottenness of his heart. We doubt, it must be very galling to the philanthropic and refined feelings of Dr. R. B. Jessup, of Rising Sun, Ind., "a member of the regular medical profession," to witness the successful progress of Eclecticism in the West, as well as the efforts made by its leaders to raise an army of Eclectics, on the "cheap larnin" plan, as he so graphically describes it—and no wonder that he has taken this method and occasion to "vent his spleen." The country is now safe! Dr. R. B. Jessup of Rising Sun, Ind., "a member of the regular medical profession," will not in the fullness of his indignation, explode and do a host of mischief, for he has opened his safety-valve, and passed off his extra pressure of gas. We would advise the citizens of Rising Sun, as well as the keeper of the Lunatic Asylum of that state, to keep a close watch upon this high-pressure gentleman, ("Heaven save the mark!") lest in an unguarded moment, the doings of Eclectics, or of other liberal and progressive sects, may so expand his brain as to rupture the cranium, or produce insanity, either of which conditions would undoubtedly prove a heavy loss to the whole world, especially that portion of it included among the "regular medical profession."

N.

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**BAD SURGERY.**—How frequently do the most serious consequences follow, what appears to the physician to be injuries of little importance. A surgeon should know his duty, and he should discharge it, and not be influenced by or dictated to, by friends or even the patients; thousands of lives have been sacrificed to "the god of ignorance" which belongs to, and is daily worshipped by many in the medical profession.

We propose to give some of the cases which have come within our observations and occurring too in the practice of our "best surgeons" and they too the very men who are daily opposing the efforts which are being made by the Eclectic School of Medicine to correct and reform these errors.

Case 1. Dr C. was called to visit the son of Mr. P. *æt.* 15, with fracture of the arm, the Dr. applied the usual dressings but evidently too tight for on the third day when I was called, I found the hand and wrist in a state of mortification, and the boy laboring under severe paroxysms of lockjaw, of which he died the next day.

Case 2.—A little boy in the Western part of the city a few days since, stepped upon a piece of glass and cut his foot badly. A neighboring physician was called to attend him, he applied his dressing, the wound healed by first intention and all was thought to be well, but one morning he was taken with severe pain at the point where the glass had entered. The doctor was called and made an incision, found a large piece of glass and removed it. The same evening the boy was attacked with lockjaw and died the next morning. Had this wound been properly probed and examined, no doubt the glass would have been detected and removed; this would doubtless have saved the life of this promising boy. As to such carelessness on the part of the physician, our readers can form their own opinions.

Case 3. Mr. F. of this city, met with an accident about ten months since, by the falling of a window sash, by which he got the back of his hand badly cut with broken glass. A prominent surgeon of this city was called to attend the case; it was at once sewed up, and pronounced to be all right. From that time until last week, Mr. F. suffered very much with his hand. It frequently became much swollen, inflamed and painful, and at last a small piece of glass came to the skin and was removed by Mr. F. Still the pain and swelling did not leave him. I was consulted, and upon examination gave it as my opinion that there was yet glass in the hand. I made a deep incision on the back of the hand by the side of the tendons of the second finger, then through the capsular ligament when the scalpel came in contact with the glass; this was seized by a strong forceps and removed; it proved to be about one inch long, one fourth of an inch wide at one end, and about one eighth of an inch at the other.

Now, if this wound had been carefully examined the glass must have been detected, and all danger to the life of Mr. F. prevented. What is remarkable in this case, and so far as my own information extends, is that no similar case has ever occurred, where so large a piece of glass has remained in contact with the tendons so long without producing death. I think that his life being spared under such circumstances, is truly remarkable.

The carelessness or ignorance displayed in the above three cases is truly disgraceful to the profession, and well calculated to throw distrust upon the whole science of Surgery. Here, now, are three cases which appeared to the attending physicians of no particular importance, and had they been treated rightly there really was no great danger attending them, but we see that two of the three resulted in death. One more point I wish to impress upon the minds of the readers, that neither of these physicians were of the Eclectic school of Medicine, but all belong to the honorable profession which spend more time in denouncing our school of practice, than in improving their own minds. I have several cases to which I will refer at another time. N.

**MEDICAL COLLEGES.**—In the hurry of other matters we forgot to notice the commencement exercises of the Institute, at the close of the past winter's session. On this occasion (the last night of the session), Greenwood Hall was filled by the largest audience ever assembled in the city on such an occasion. The intervals of the exercises were filled by music from the finest band in the city, and at the close, a very appropriate song, composed by one of the class, was sung by four gentlemen in admirable style.

The exercises were opened by a statement from the Dean, of the character and progress of the Institute, especially during the past session, and a forcible exhibition of the important influence which a medical school exerts over the public welfare. The degree of M. D. was then conferred by Prof. Newton (in the absence of the President), upon forty-eight students of the Institute. The graduating class was addressed by Prof. Bickley, and responded through Dr. J. L. Cady, of Michigan, in a beautiful address, which evinced fine literary powers in Dr. C. The concluding valedictory address was delivered by Prof. Buchanan. The addresses were received with applause, and gave much gratification to the audience.

We regret that lack of space and time prevents our giving some sketches of the addresses. The entire effect of the whole was delightful. The personal appearance of the graduating class was highly creditable to the cause, and gave promise of future distinction. The combined effect of the music, the instruction, the eloquence which boldly displayed the proud career of reform, and the imposing array of female beauty and manly dignity in the immense audience, gave intense pleasure to the faithful friends of reform who were present, and who exclaimed to each other, "It is good to be here to-night."

The commencements of the other colleges were "a little peculiar." At the Medical College of Ohio, a solemn responsibility to hunkerism was inculcated, and mesmerism and spiritualism, as well as reform in general, were denounced. At the Cincinnati College, five students were graduated. The "labor," however, was difficult and complicated. One of the Professors rose up and publicly protested against one of the graduates as unworthy of a diploma. A hot contest arose between Prof. G. and Prof. B. The lie direct was given in polite language, and strong allusions made to a *knock-down* argument in reply. This farce was quite amusing to a small audience.

The orthodox summer schools in Cincinnati have made a failure; we can not hear of a dozen students out of the Eclectic Medical Institute.—B.

**CONVENTION AT PHILADELPHIA.**—Our readers will please observe the next meeting of the National Eclectic Medical Association at Philadelphia, on the second Tuesday of May. It is so difficult to get the western practitioners together, even at Cincinnati, that we do not expect there will be many at Philadelphia. Still the meeting ought to reach a respectable number from the Eastern practitioners, who are within a convenient distance. The exercises of the Institute will probably detain our Faculty, but if any of us can spare the time, we shall have a representative there. We learn from Dr. Cooke, that the Eclectic Medical College at Philadelphia has delivered a regular course of lectures during the past winter, to a small class, and the school is firmly established. The Eclectics of the Quaker City, he says, may be slow in progress, but they are sure. Their class was well pleased with the course. Another school has been established at Philadelphia, which, if we are correctly informed, is rather Physopathic than Eclectic. Whether it has any success, we do not know. The Metropolitan College, just announced at New York, turns out to be a Physopathic enterprise of the Curtis class. We learn that it has made a failure.—B.

THE  
ECLECTIC MEDICAL JOURNAL

MAY, 1853.

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PART I. ORIGINAL COMMUNICATIONS.

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A CLINICAL LECTURE ON EPILEPSY AND CHOREA.

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[Delivered by Prof. R. S. NEWTON, at Newtons' Clinical Institute, April 19, 1853.]

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EPILEPSY.—*Cause, Diagnosis, Prognosis, and Treatment.*

CHOREA—ST. VITUS' DANCE.—*Cause, Symptoms, and Treatment.*

This form of disease, when idiopathic, is beyond all question cerebral; but when symptomatic it may frequently result from spinal irritation. A paroxysm or convulsion may occur, having all the features of Epilepsy, and not be epileptic; but when it shall frequently recur at irregular intervals, and for months or years, and without any evident cause, then the name Epilepsy is given to it. It is a disease of all ages, but that age which immediately precedes puberty seems to be the most liable to it.

The paroxysms are marked by a loss of sensation and consciousness, with convulsive motions of the muscles. Most generally the fit attacks suddenly or without the least premonition; at other times it is preceded by pain in the epigastrium, or vertigo, or stupor; sometimes a sensation like a cold vapor is experienced, which, arising in some part of the body, travels towards the head, and upon reaching it the patient falls to the floor.

The most usual duration of the fit is from five to twenty minutes, but sometimes it is protracted for hours. In all cases there is a sudden falling, loss of consciousness, distortion of the face and eyes; complexion of the face in the white race, red, purple, or violet; foaming at the mouth, convulsions of the limbs, grinding of the teeth, by which the tongue and cheeks are frequently badly injured; difficult respiration, and occasionally involuntary discharges of urine and feces.



When the fit has passed off the patient has not the least recollection of having had it ; but complains of head-ache, looks stupid and wearied.

*Causes and Diagnosis.*—Dr. Marshall Hall is of the opinion that Epileptic seizures are produced by a compression made upon the jugular veins by the platysma and other cervical muscles. He states, as evidence in support of this opinion, that the paroxysm consists in a fixed condition of the head and eyes, dilated pupils, and deep flush. We have shown heretofore that idiopathic Epilepsy at least is always associated with a full development of the lateral portions of the cerebellum, particularly of the organ of Muscular Motion.

It will be remembered, too, that we have shown that apoplexy, when resulting from active congestion of the brain, is connected with the same condition of the cerebellum ; and Dr. Hall contends that there is no difference between Epilepsy and Apoplexy, in their milder forms—that the first degree of both of them consists in trachealismus—a spasmodic action exhibited in efforts upon the venous circulation of the face and brain.

We have also shown that idiopathic rheumatism is associated with a high endowment of the organ of Muscular Motion and of the medulla oblongata ; hence when the blood becomes highly charged with urea, through a fault of the kidneys, rheumatism may result, and Epilepsy is said sometimes to be produced in the same way ; it would seem, then, that between an Epileptic and a Rheumatic constitution, there is some affinity.

As a loss of consciousness is the most important symptom in Epilepsy, and as such a loss can not be affected by any condition of the spinal cord, Dr. Todd concludes that Epilepsy must be a disease of the cerebrum, and after a consideration of the function of various parts of the encephalon, he concludes that the grey substance is the primary and proper seat of Epilepsy, because he considers it to be the seat of consciousness. If he include the whole surface of the cerebrum in the function of consciousness, to what portion of the brain will he refer the fifty other functions which the mind is known to manifest ? If this whole surface act as a single instrument, how does it happen that a loss of a portion of it does not impair its function ? It is our opinion that phrenology is now too well established to allow of such a pretension.

We are of the opinion that phrenological inference and vivisections both authorize the conclusion that the source of consciousness is situated in the base of the brain, and possibly in the mesocephale ; and Dr. Todd is of opinion that this portion of the brain may be secondarily affected. But if it be the seat of consciousness, then it must be primarily affected. But as to how it is affected, unless it be by congestive pressure, we know not, and mere speculation on the subject can be of no avail.

If Epilepsy ever occurs in those who have a small thorax and

neck, it must be similar to the passive variety of apoplexy, of which we have given an admirable illustration. If it ever do occur in such subjects, then Dr. Hall's views are still more confirmed, and the distinction we have pointed out between the two classes of subjects, must be attended with important practical results.

Dr. Todd gives it as his opinion that Epilepsy consists in an abnormal nutrition, which manifests itself in an unnatural development of force at particular times; and Dr. Hall believes that Epilepsy and Apoplexy are the same during their first stages, and it is admitted that the latter is both active and passive. Now we desire to know how it is possible to reconcile Dr. Todd's development of nervous force, with both of these conditions. Though we have never seen a case of anæmic or passive Epilepsy, yet we can not doubt that it may occur, if the explanation of Dr. Hall is at all reliable.

The known causes of Epilepsy are various, and so are, no doubt, the unknown. In some families it is hereditary, and in many instances the predisposition is such as to make it depend upon the exciting cause as to whether it shall break out in the form of rheumatism, mania, or Epilepsy. The apparent health of the patient seems to have but little to do in the production of the malady—attacking almost indiscriminately the feeble and the strong. It is frequently occasioned by a fall or a blow on the head; also by fright or terror, and lastly by worms in the alimentary canal.

*Prognosis.*—As to ultimate recovery, it is unfavorable, without it is attended to at an early period. It does not much endanger life, but it does worse—leads to imbecility. Under such a prognosis, convulsions in young children should receive every possible attention, in order to prevent the formation of an Epileptic habit in the system. A mischievous reliance is too frequently placed upon the changes which puberty brings about in the removal of this affection.

*Treatment.*—It is always essential, in the treatment of this disease, to remove the cause if possible. During the paroxysm but little can be done; we think that we have sometimes shortened the fit and lessened the subsequent head-ache and lassitude by dashing cold water over the head, face, and neck. One thing is certain, we have not found it best to indulge the patient in either a horizontal position, or a sleep after the fit. It will be well, if practicable, to introduce a piece of soft wood between the teeth, at the beginning of the fit to prevent injury to the tongue and inside of the cheeks. If the fit has been occasioned by indigestible food the remedy is obvious, and whatever may have been the cause, indigestible and trashy food will provoke an increased frequency of its recurrence. Any cause of mental irritation can increase its frequency, such as disappointment, children's quarrels, parent's scoldings, etc.

Whatever the cause may have been, the treatment must be directed to two general objects ; the first to break up and abridge the paroxysm, and the second to prevent its recurrence.

With reference to the first it is not generally requisite to attempt any thing, as the paroxysm usually passes off in a few minutes ; but when the paroxysm continues longer than usual, or becomes much more alarming or apoplectic, it will be judicious to attempt some relief by the application of cold water in any convenient form to the head, and hot water, frictions, and rubefacients to the extremities. Besides these external means, injections may be administered, consisting of a tinct. of Castor, or Assafœtida with a decoction of Scutellaria. If the case be one of infancy, the warm bath may prove highly beneficial. Should the paroxysms be attended with apnœa, camphor or ammoniacal liquids may be applied, with some good effect, to the nares ; and in the event of suspended respiration, it will be admissible to direct through the diaphragm an electro-magnetic current.

When the paroxysm is over, in many instances it is best to rouse the patient to a vertical position to prevent sleep, while in other instances a contrary course may be the most advisable—experience must decide this question in all cases.

All our hopes of effecting a cure must rest upon our skill and exertions during the intervals we obtain between the paroxysms, and upon our discrimination as to its nature or true character ; for it may be only sympathetic, depending upon disease in some other part ; or it may depend upon certain organic relations in the encephalon ; and it may depend upon such a diseased condition as to render the recurrence of the paroxysms periodical. The second variety is the only one that is considered to be incurable ; but even in this, we are not willing to admit the idea of incurability, because organic relations can be changed by proper exercise or training ; indeed, we are not willing to admit the incurability of any disease, in the abstract, because disease is not a constituent element of life—we only admit our ignorance when we fail to cure.

Our first duty, without reference to the original character of the disease, is to investigate the present state of health, and if we find it vitiated, then we must regulate or repair it, and while engaged in this duty, we may discover in connection with the history of the case, enough of its nature or special character to guide us in our subsequent practice.

So far as we have observed, the second variety of this form of disease, is associated with an imperfection in the respiratory function, as indicated by small and contracted nostrils, and the same remark is applicable to apoplexy—exceptions may exist, but we have not seen them. If this view be correct, we can not, so unqualifiedly as has been recommended, place the patient upon an exclusively vegetable diet. Farinaceous food must increase

the difficulty, and so will all highly carbonaceous food—we suggest, therefore, that the diet should consist of succulent vegetables, vegetable and animal albumen, and the fibrinous portions of animals.

Besides generally impaired health, there may be troublesome sources of irritation. During the first dentition—the revolutionary period of infancy—they are many; and, at a later period of life, there may be others of equal magnitude, as family discord, and all such subjects as can disturb mental equanimity. So long as obvious causes of irritation exist, it is idle to attempt a cure. The remarks we have made might be considered to embrace all causes of irritation, but it may be proper to be more specific. In Epileptic patients, without any reference to the cause, there is generally present some variety of derangement in the digestive system. The appetite is precarious; sometimes voracious, sometimes fastidious, craving improper food. Under such variations of the appetite, we may naturally expect gastric acidity, difficult digestion, and imperfect nutrition.

Sometimes helminthic irritations prove to be the whole cause of the disease; at other times, a diseased condition of the spleen; or suppressed menstruation may be the only cause. When, therefore, we can reach the cause, we have only, in a great measure, to remove it to cure the patient.

When the paroxysms occur periodically, the case should be considered as curable, by a perseverance in the use of anti-spasmodics and anti-periodics; but even their use is contra-indicated until the constitution shall become elevated above a generally morbid or vitiated condition. In the use of the former class of remedies, such should be selected as are calculated to maintain a constant determination to the surface, perhaps valerian or black snake root, administered in a syrup of ginger, would fulfill the indications. To break up the recurrence of the paroxysms, a combination of quinine, leptandrin, and hydrastin, will answer every general purpose, where they assume a periodical condition. In cases of anemia, the prussiate of iron will be found a valuable adjunct.

Dr. Lusanna reports (Braithwait's Retrospect, part XXV) many favorable results from the use of atropine; and Dr. Bullar (in the same work, part XIX) reports considerable success from the use of the cotyledon umbilicus. These, and other articles, may seem to have a specific effect in isolated cases; but as a rule of practice, we should rely upon such a plan of treatment as will best secure general health.

In those cases which result from some peculiar organic condition of the encephalon, a rheumatic development of it, we would in an especial manner direct our attention to the respiratory function. And we are inclined to the opinion that that practice which succeeds best in rheumatism will succeed best in this particular

form of disease. We found this conclusion upon the similarity of organization.

In addition to the above, I will give the following treatment of Prof. J. King, who has had considerable and successful experience in the disease. If the cause can be ascertained, as worms, uterine difficulties, etc., treat them accordingly. But in those instances where the causes are obscure, he adopts the following plan: During the convulsive paroxysm, he gives to an adult a powder composed of sulph. morphine, one third of a grain, and quinine, two thirds of a grain. This dose is repeated every ten or twenty minutes, or as the patient can be made to swallow it, having it mixed in water. When the paroxysm has subsided, the bowels are to be kept regular by the use of leptandrin and podophyllin, given in small doses, and the following pills employed during the intervals:

1. R. Ext. Stramonium, gr.; Valerianate, or S. Quinia, grs. iv.

Hydro-alcoholic extract of Macrotys, grs. viii. Mix. Divide into eight pills, and give one three or four times a day.

A stimulating liniment must be applied to the spine, as the following, which has been much used by ourselves, as well as Prof. King:

R. Oil of Stillingia, 3j.

Oil of Cajuput, 3.s.

Oil of Lobelia, 3 ij.

Alcohol, 3.ij. Mix.

The spine may be bathed twice a day with this, and continued until the patient complains of nausea, or an unpleasant acid taste in the mouth. The surface of the body must be bathed once or twice a week, with an alkaline wash, all acidulous and greasy articles of food must be avoided, and the mind kept perfectly free from excitement of any kind. In acidity of the stomach, he prefers the use of carbonate of ammonia, in this disease, to any other alkali.

In pursuing the above treatment with children, it should be recollected to proportion the doses, according to their ages. In young infants, the anti-epasmodic tincture is preferred to the morphine and quinine.

#### CHOREA—*Sancti-Viti*.

This affection is characterized by irregular and involuntary motions of one or more limbs, and of the face and trunk. It occurs usually before puberty, and more frequently before the age of ten years than afterwards, and is generally associated with torpor of the system, and particularly of the digestive organs. It usually exists for a long time, and without danger to life, and with a complete exemption from it during sleep.

We are apprehensive that there prevails a very general want

of correct information on the character of this affection, and it is possible that we may leave it as much beclouded as we found it, nevertheless, the suggestions we may add may result in some good, by directing observation to a new channel of investigation.

We have found no evidence to satisfy us that this affection depends upon a diseased condition of any organ, but rather upon a feeble or debilitated one. It should be remembered that extreme muscular feebleness and tardiness, or comparative torpor of the digestive functions, characterize one of the human temperaments; and this one, furthermore, is associated with a feeble endowment of the lateral, or motor and sensitive portions of the cerebellum: In such persons, the power of volition is feeble, but still more feeble is the motor portion of the cerebellum; hence, the latter has not the power to execute the mandates of the former.

In infancy the cerebrum merely vegetates, and all the vital power is expended upon the lower and most common functions, but at five years of age, and even younger, in some cases, the cerebrum manifests all, or nearly all of its functions, the vital forces have not strengthened in proportion to the expenditure upon both the lower and the higher faculties; so long as the patient did but little more than vegetate, the function of animal motion was normally manifested; but when that large number of powers which place us in relation to all that surrounds are brought into action, we are forced to the inquiry, where is the power to come from to effect a normal action of all the instruments common to humanity? These reflections may be foreign to any utility in relation to the subject before us, nevertheless, the fitness of the coincidences, as we have seen them, induces us to believe that the suggestions we have thrown out deserve some attention.

Prof. Wood says that "the regular motions are often greatly increased by any emotion; and it has been noticed that the patient is generally worse when conscious that others are observing." This manifestation to a certain extent may be observed every day about us, in society, among those who have much caution, little destructiveness, and feeble vital forces. The man who can not refrain from betraying mental perturbation and a tremulous motion of his knees and hands, is just so far a subject of Chorea. "It appears that," continues Dr. Wood, "if the will can not accurately regulate the movements of the muscles, it has the power of calling them into abnormal action; for the spasmodic contractions are much more frequent when the patient endeavors to execute any movement with peculiar precision, than when the will is quiescent." We think that Dr. Wood is mistaken in supposing the patient capable of calling the muscles into abnormal action—he calls them into action, but has not the power to render their action normal. When a man who is perturbed, attempts to write, or to do any thing else that requires precision, he is certain to fail. The Doctor continues, "by the exertion of a

strong determination, the patient can also often control the muscles in some degree, so as to keep them quiet for a time, though if he allows or encourages them to move, it is impossible to prevent them from moving in their own way." What observer has not witnessed all this in men of feeble vital force under the excitement of responsibility? Drunkards, and those laboring under an ague chill, present the same phenomena.

The preceding remarks of Profesor Wood go very far to strengthen the suggestions we have made. And it is possible that this feeble condition of the motor system of nerves may be increased or deranged by an imperfect discharge of the digestive functions.

Prof. Wood again states that "an unsteady, excitable state of the nervous system, constitutes a predisposition to Chorea. Such a state is apt to attend a feeble condition of the general health." If this observation of the Doctor is reliable—and we think that it is—then we are sustained in referring Chorea to a very feeble endowment of the vital forces—an extreme degree of that feebleness which is exhibited every day in mental perturbation and nervousness.

*Causes.*—Remotely the cause may be, in many instances, that division of labor which has been assigned to many sedentary habits, and in very many instances it has resulted, beyond doubt, in intermarriages with blood-relations and incompatible constitutions. If the statistics could be had, we would not be surprised to find that the last is the most fruitful source. We knew one family in which four or five of the children were thus afflicted, and the parents were of the Bilious Encephalic constitution. Prof. Wood says that in "many instances the disease has come on in persons previously healthy and robust." This language is usually applied to those who are obese, and I have heretofore shown that an accumulation of fat is as clearly a manifestation of organic relations, as an accumulation of tuberculous matter—they are both produced by an imperfection in the sources of pulmonary action. Until we made these discoveries we could not conceive how it was that obese men sometimes died of phthisis pulmonalis; but now it clearly appears that any cause calculated to arrest the fat depositing process, may cause an eruption to appear on the skin, diarrhœa, or a deposition of tuberculous matter, and therefore it is possible that by some other modification of action Chorea may result.

*Treatment.*—Prof. Wood teaches that "constipation should be promptly corrected by purgative medicines." This precept, standing unqualified as it does, we hold to be exceedingly dangerous. We have seen that this malady, if such it should be regarded, is founded in debility, and in all such constitutions the normal condition of the bowels is one of much torpidity, and so are all the excretions and secretions, and consequently to force

them into a more active condition than suits the constitution, is to increase the affliction of the patient. It should be the first business of the physician to ascertain the normal habit of the bowels, and the second is to maintain them in that condition. Purgatives in this case, as in others, are indicated when evidence is manifested that alvine torpidity is occasioning irritation—is aggravating the malady. We would suggest, that to the maintenance of all the organic functions, there should be added such exercise as will most promote the further development of the thoracic viscera, and to have this effect it must be enjoyed.

In Chorea, the bowels should be kept regular by small doses of leptandrin and podophyllin, so combined as to produce one alvine discharge daily; in connection with which, either the compound pills of Macrotys, the compound pills of Valerian, or the compound tincture of Cramp Bark of the Eclectic Dispensatory, may be used. The surface should be bathed often with an alkaline wash, and considerable friction used in drying. Electro-magnetism may be used daily with advantage. If the disease is complicated with rheumatism, or the patient is of a strumous diathesis, the employment of a compound syrup of Stillingia and Iodide of Potassa, heretofore referred to, will be found serviceable. In cases of obstinate constipation, Prof. J. King recommends the use of extract belladonna, one eighth of a grain, and the alcoholic extract of nux vomica, one twentieth of a grain, in form of a pill; three of which are to be given daily to an adult, and in proportion to children over six years of age; below this age, he thinks it has an injurious influence upon the brain, and should not be administered at all. The diet should be nutritious and of easy digestion, avoiding tea, coffee, all stimulants, acids, and greasy food.

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### "FREE MEDICAL SCHOOLS."

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For the Worcester Journal of Medicine.

**MR. EDITOR**—The attention of the class of the Eclectic Medical Institute having been called to an article in the February No. of the Worcester Journal of Medicine, headed "Free Medical Schools," in which the E. M. Institute forms the burden of its theme, a meeting of the class was called, and a committee appointed to prepare a reply to that article, and request you to publish it in your next issue.

We ask this as an act of justice to ourselves as a class of the Institute, of which we are proud to be members, as well as to



the Faculty to whose teachings we have had the pleasure of listening.

The tone of the article referred to must strike with surprise every one who knows what Eclecticism means, and reads here the avowed sentiments of one *professing* to be the advocate of Eclectic principles. The misstatements it contains are calculated to create an impression widely different from the truth. The first thing that claims our attention, is the objection to the Free School system, on the ground "that it would remove from the minds of medical men an important inducement to thorough preparation for medical teaching as a professional business."

That such *may* be its effect on those who are actuated by no higher motive than a love of self, and who have no higher aim than to *make money*, is quite probable, but which, we are proud to say, is not the character of the men who compose the Faculty of the Eclectic Medical Institute of Cincinnati, though it needed not any declaration from *us* to herald this fact to the world; and to men who, like them, are prompted in their researches by a *love of truth*, the pursuit of knowledge is a sufficient incentive to effort, and the pleasure of communicating truth to others their highest reward.

As to the apprehension expressed, that "the effect of the Free School movement would be to divert students from the college adopting it, to others in which the instruction given would be considered more able," we more than suspect that the *belief* was inspired by the *wish* that such *might* be its results. We know that men do not often *fear* that which tends to advance their own pecuniary interest; and from the tone of the article under review, we have no reason to suppose that the editor of the Worcester Journal of Medicine is an exception to the rule. But if we are mistaken in our supposition, and if the editor's exalted philanthropy leads him to desire the prosperity of others, even contrary to his own interest, we are happy in being able to relieve his anxiety, and assure him that he may dismiss his fears to the winds. The Institute here, in the estimation of all who know its true situation, has never been in a more flourishing condition, nor has its prosperity ever before been established on a more solid basis.

Your next remark we deem worthy of being quoted verbatim et literatim: "We, however, did suppose that its first trial would be attraction to *indigent students*, and that it would thereby considerably increase the number in attendance the current term."

We pity the spirit that dictated such a sentiment; and to refute the imputation it contains, we would ask, what names adorn the brightest pages of our country's history? Those who in their early years were *indigent students*. And who occupy the loftiest positions, and sway the most commanding influence in literary, scientific, and professional eminence? *Indigent students*. But

we suppose the Worcester Eclectic Medical School contains none such, none to whom this (in the estimation of the editor) opprobrious epithet can apply. *He* would not admit any such to his lectures; for he evidently regards *money* as the "measure of the man."

It seems, however, from information furnished by "a particular friend of the school," that the Free School enterprise has failed of attracting even *indigent students* in sufficient numbers to "increase the number in attendance the current term." It is rather strange that "a particular friend of the school" should have taken pains to send so far a statement so utterly at variance with the truth. The number of matriculants in the E. M. Institute for the present session is upwards of two hundred and thirty-three—a number greater than that of all the other *so called* Eclectic schools in the United States, not forgetting the Worcester School. Whether these are all *indigent students*, it is not necessary now to inquire. But if "the measure has proved *repulsive* to those of more elevated and correct views of what medical teachings should be," it does not appear that there is sufficient *attraction* even at Worcester to draw many to that source of light and heat; though we *hope* that those whose "views of what medical teachings should be," coincide with those of the editor, will repair thither, where they will be free from the contamination of association with *indigent students*.

In reply to the imputation that we have been brought to the E. M. Institute, that we might "while away our time in indolence and rowdyism," we might indignantly hurl back the low aspersion; but we choose not to stoop to the bandying of ribald epithets, and would submit a few *facts*, from which your readers can draw their own inferences. The class, which, as already stated, numbers two hundred and thirty-three students, is composed of members from 21 different states—from Maine to Texas—embracing students of different medical schools in every part of the Union; from the University of Virginia, of Charleston, S. C., of Louisville, of St. Louis, of some of the schools of Philadelphia, of the Ohio Medical College, of Columbus, of Cleveland, and even of the Worcester School. And knowing, as we have thus a right to know, something of the course of study in different medical schools, we are prepared to say, that in no other school with which we are acquainted, is there so unremitting attention given to study by so large a class as in the E. M. Institute of Cincinnati.

The imputations cast upon the Faculty deserve a passing notice, although the character of our Professors needs no vindication from us. They are charged, by implication, with encouraging indigent, idle, and vicious, or, as the writer very classically styles them, those disposed to *rowdyism*, to congregate here, and then countenancing them in whiling away their time, but impart-

ing to them little or no valuable instruction. In this, as in many other cases, "the insignificance of the accuser is lost in the magnitude of the accusation; otherwise, this charge might be treated with the contempt it deserves." And in reply to it, we shall but refer to a few facts, which will be a sufficient refutation.

The Faculty of the Institute have, throughout the entire session of sixteen weeks, delivered seven lectures each day, besides extra courses of from ten to fifteen lectures each, *delivered at the request of the class*, by different members of the Faculty; and we believe we may triumphantly challenge any Medical College in the United States to exhibit a more thorough course of instruction on the various departments of Medical Science, or a greater amount of valuable instruction imparted in the same time.

The hope expressed by the writer, that the Free School System will be discontinued at the close of the present session, is, like many others, as fondly cherished, but equally, besides, doomed to disappointment, as the Spring Session will commence on the first Monday in March, on the *same plan*, and with greatly enlarged facilities for instruction.

J. L. CADY, C. G. CROSS, F. FRANKLIN, F. P. MITCHELL, E. H. WAUGH,	}	Committee.
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CINCINNATI, February 17, 1853.

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## CLINICAL REPORTS.

*At Newton's Clinical Institute. Service of* PROFESSOR NEWTON.

[Continued from page 188 of the April No. of the E. M. Journal.]

Reported by ISAAC TIBBETS, one of the Class.

After the above cases were presented and prescribed for, Prof. R. S. Newton made a few clinical remarks upon the subject of Cancer, as to its Pathology and Treatment. There are three species of Cancer—the Schirrous, Colloid and Encephaloid; these three may include several other conditions which are classed as malignant or heterologous formations. It is that of Encephaloid which has been presented to you to-day; to this I shall confine my remarks. This is known by other names, such as "Fungus Hematodes," "Rose Cancer," "Bleeding Cancer," etc.

The profession have ever been disposed to regard this disease as primarily constitutional, and hence incurable. This error has become so deeply fixed in

the minds of the profession, that they are not only opposed to the curability of Cancer, but will not even investigate the subject. Now if we consider some of the arguments in proof of this practice, you will see one thing very plain, that their precept and example does not harmonize very well; for instance, they say, "The local development of the disease is only an evidence of its existence in the system, hence it is primarily a constitutional disease."

We are decidedly opposed to these old opinions, taught by the medical schools for ages past, and adopted by their disciples as authority, without having investigated the subject for themselves, that it is primarily a constitutional disease. We are fully satisfied that the disease has a local cause for its origin, which is entozoa, or cancerous animalcules (which fact we made known to the public six years ago), and that it becomes a constitutional disease only when these animalcules become sufficiently developed and numerous enough to overcome the natural resisting action of the system. They have a tendency to destroy contiguous parts, and do not extend by the power of assimilation; but by that of reproduction. And now, as this disease is clearly a local one, dependent on these animalcula, it should be treated by local applications, such as will eradicate these monadal growths, and then, by the suppurative process which takes place, the entire action of the parts is changed: and by this method the disease may be radically cured.

We frequently hear medical men say, if cancer is a local disease, why can it not be cured with the knife? The reason why every case, as a general thing, fails to be cured with the knife, is because these animalcules or monads are not reached by it, and they remain as germs for reproduction.

The old opinion, that cancer is originally a constitutional disease, was undoubtedly based upon the fact, that, after an operation with the knife, "the disease would sooner or later return, because the knife could not remove the constitutional taint, and the cancer would always manifest itself again if the constitutional tendency was not destroyed." A belief in this tendency of the disease is no longer sustained by medical men who have bestowed any attention whatever upon the subject. And it is generally known that the cause of the return of cancer, after an operation, is because the knife does not, nor can not, remove all these monads, and if the smallest portion is left behind, it furnishes the germ for a reproduction of the disease. And it must be evident, that, as the knife can not safely enter into all the tissues where the cancer exists, more or less of these must be left as the nucleus of a new carcinomatous formation. And the examination by microscope after an operation, as recommended by some, to determine if any cancer cells are present, is both impracticable and impossible, in consequence of the blood, etc., present.

Cancer originates in a coagulated exudation, formed in the usual way, manifesting itself, at first, as a finely granular matter; from which arises this growth.

All cancerous growths with which we are acquainted, are formations of organized beings, however low in the scale of existence; their growth and accumulation, we believe, as before remarked, depend entirely on the existence of animalcula which propagate themselves, and are wholly independent of any ingredients from the blood to reproduce or support them.

The question is, as to the cause or origin of these animalcules. It is a fact that decomposition of organic bodies always gives rise to the production of other organic bodies, whose particular form and character is owing to the greater or less rapidity with which the decomposition progresses, as well as upon the particular constituents of the substance undergoing decomposition.

We have long maintained that cancerous animalcules owe their origin to a gradual decomposition of certain parts where obstructions occur in consequence of blows, long-continued pressure, and, indeed, from any cause which produces the necessary degree of obstruction. A large majority of cancers can be usually traced, by patients, to a blow received sometime previous to its manifestation; others can not satisfactorily trace it to any cause. However, we usually find it present in places where the rim of a hat presses upon the forehead, where garters or a boot presses upon the leg, a pipe or cigar upon the lip, or where a hat or cap string rests upon the ear; also from blows upon the eyes, nose, cheeks, breasts, or other parts; in either case being the result of an obstruction which causes a gradual decomposition of the surrounding parts, and from which decomposition originates the cancer animalcules. And the formation and generation of these animalcules are almost always observed by patients long before they are aware of the presence of cancer—their action upon the nerves of the parts producing an impression as if a hair, or something similar, was irritating or tickling them, and which the patient often endeavors to rub or brush off.

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*Second Clinic, March 29, 1853.*

CASE VII.—Operation to relieve the contraction of the fingers upon the palm of the hand.—The patient, a little girl of Mr. Conklin, æt. 18 months, during last May, placed the hand against a hot stove, which produced a deep burn; by proper dressings, the fingers were prevented from contracting, but subsequently, the hand was attacked with erysipelas, which resulted in the complete contraction of all the fingers, as above described. This can be done by making an incision down to the tendons. I have never used chloroform in so young a child, and will operate without. The incisions were then made according to the above directions, when all the fingers came straight—giving the child free use of them. The hand was then dressed with splints, compresses, and bandages, in such a way as to prevent contraction during the healing process.

REMARKS.—It is almost impossible to receive an extensive burn of the hand without producing more or less contraction and distortion of the fingers. When the tendons are not contracted, a simple operation as above is sufficient; but this becomes more difficult when they are also affected.

CASE VIII.—Henry Starbuck, æt. 30.—This case is presented to show how extensive an injury may be repaired, as well as to show how important it is to save the limbs of patients. On the 3d day of December, while hoisting plank upon a house, one fell, and struck him upon the instep, lacerating the integuments and crushing the bones to small pieces. The injury was so great, that all who witnessed the case were of the opinion that immediate amputation

should be resorted to ; this, however, was not done, but all the small portions of bone were dissected out, and the parts united by twenty-two sutures, and the free application of the adhesive plaster ; the foot was then placed in splints, and submitted to a constant application of cold water for eight days and nights, with the occasional re-application of the dressings ; at this time, much of the integument became gangrenous, and sloughed off ; to prevent any considerable constitutional symptoms, the pyroligneous acid and Elm poultices, mixed with cold water, were applied twice a day ; and while these symptoms were the most active, Quinine and Diaphoretic powders were used in active doses ; then, as soon as free suppurative action was established, the "Mayer's Ointment" of the Eclectic Dispensatory was applied ; and now he is recovering the free use of the foot, and will in a few weeks be able to walk.

*Treatment.*—Continue the Ointment.

**CASE IX.**—H. R., æt. 20, Hæmoptysis.—The hemorrhage from the lungs has been very bad. He was first attacked about two weeks since, and then he bled nearly a pint.

He had suffered severely from pain and soreness of the chest for four weeks previous to the attack. He is a printer, and thinks much of the difficulty was produced by working too hard at the press. He has a very flat chest ; can discover no organic derangement of the lungs. Two of his sisters have died of consumption. There appears to be much debility of the respiratory action ; has frequent paroxysms of coughing, but unattended with much expectoration. This hemorrhage may have been produced by a debilitated condition of the lungs, and not the result of any acute or inflammatory condition of the lungs. He has bled several times from one to three ounces.

R.      Lycopus Virginicus, oz. ss.  
Aqua,                      O. iss.

Make a decoction. Take from four to six ounces at a time, and repeat four or five times a day ; and at the same time give the following expectorant :

R.      Syr. Squilla, oz. ij.                      Tr. Sanguinaria, oz. ij.  
Syr. Ipecac, oz. i.                      Simple Syrup, oz. ss.  
Syr. Senega, oz. i.                      Tr. Opi. Camphor, oz. ss.

Mix and give one drachm every hour ; for a tonic, give

R.      Pulv. Hydrastis.

“ Black Alder, aa. oz. i. ;

One fourth of which is to be added to one pint of boiling water, and this quantity to be used daily.

**CASE X.**—Bryan, æt. 20, Ulceration of the Nose.—He was presented at the last Clinic ; is still improving ; same treatment continued.

**CASE XI.**—Mrs. C.—The Professor exhibited to the class some cancerous tumors, which he had removed from the axilla of a lady (Mrs. C). Some two years since, she discovered some slight induration of the gland under the right arm. They were painful. The whole shoulder became inflamed, and the breast was swollen, and one of the glands sloughed. It was several weeks before it healed. You will observe in this smaller one is a point, where ulceration has commenced. This other indurated part has also commenced suppu-

rating. And whether the other gland was of a similar character, I can not say. Yet the muscles became hypertrophied. There was a spasmodic condition of the arm.

Last Friday we gave her the chloroform, and removed the portion which we now show you. The wound is now suppurating freely from the application of the vegetable caustic.

We shall keep up this treatment for a few days. As a constitutional treatment, we shall make use of the *Stillingia*, and Iodide of Potassium, half a drachm to four ounces. Given twice daily.

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*Third Clinic, April 2, 1853.*

CASE I. Hæmoptysis.—Mr. H. L. Still improving. Continue the treatment.

CASE II. Fracture and dislocation of the arm.—Still improves. The same treatment continued.

CASE III. Ulceration of the nose. Mr. Rian. Still improving. Continue the same treatment.

CASE IV. Disease of hand. Houston, of Alabama. He is still using the solution of Glycerine on his hands, and is applying the Zinc Ointment to his eyelids, and continues the use of the alterative syrup.

CASE V. Scrofula. Mary E. She is improving. Will take but half a drachm for a dose. Her cough is better; the expectoration is less; the eruption on the face has diminished.

CASE VI. Polypus. Mrs. M. Recently, she has had pain over the region of the eye. Treatment: Sulphate of Quinine, grs. xx; Hydrastin, grs. xx; Syr. of ginger, grs. 4. Dose, 1 dr. thrice daily. The effect has been to relieve her of that sense of fullness, heat, and dryness, about the eye. Her treatment will be continued.

CASE VII. Fungus Hematodes. John H., æt. 4½. No particular change. He is lively and cheerful, and appears about the same.

CASE VIII. Cancer. Mrs. C. Improving. Still applying towels dipped in cold water, and taking Comp. Syr. *Stillingia* from ½ to 2 drs. thrice, daily. She is free from pain in the left shoulder, and the pain and soreness have left the left mammary gland. We are stimulating it with the sequi-carbonate of potassa. We shall next apply the lead ointment of the Dispensary.

CASE IX. Laryngitis. George W., æt. 27. He is unable to speak. I have not seen him before. He has been treated by Dr. Witt. He took a severe cold last fall, which was attended by a very severe cough. He has not spoken for four weeks. I have not examined his lungs. Dr. Witt has, and finds no organic derangement. His pain commenced at the ear and throat at the same time.

This symptom I have found invariably to attend inflammation of the eustachian tube.

He was prescribed for by Dr. Witt, on the 15th of March, as follows :

R. Com. Syr. of Stillingia, 4 oz.  
Iodide of Potassa, 1 dr.

Mix and take 1 dr. four times daily.

At the same time applying Croton oil over the neck until free vesication was produced. This prescription was continued until the 20th. On the 20th he made another, as follows :

R. Oil of Stillingia, 1 oz.  
Oil of Lobelia, 2 drs.  
Oil of Hemlock, 1 dr.  
Alcohol, 4 oz.

This has been applied externally over the throat and larynx. He then gave one half of the first prescription.

At this time he introduced into the larynx a solution of the nitrate of silver, 1 dr. to 1 oz. of water. This has been applied from the 20th to the present time once a day. On the 26th, the first prescription was discontinued, and the following one was made :

R. Podophyllin, grs. iiii.  
Leptandrin, " xx.  
Salicic, " xv.  
Caulophyllin, " xii.  
Capsicum, " xx.

This made into 12 powders. Give one powder thrice daily, as an alterative. He is now using the following :

Pulverized Hydrastis, Apocynin, Ptelia, Prunus Virginiana, and Stillingia, 2 drs. to one pint of whisky ; dose, a table-spoonful three times a day.

He is now using for an expectorant, Tincture Belladonna, Tincture Nux Vomica, Tincture Opii Camphorata, of each 1 dr. ; add to it the Balsam of Life, 4 oz. Give from 1 to 3 drs. thrice daily. Under this treatment his strength has improved. He has had no vomiting lately. Stillingia and Iodide of potassium will produce sickness, if there is any acidity of stomach present. The treatment he is upon at present, is the croton oil and tonics.

CASE X. Syphilis. Mr. W., æt. 45. Is a case of long standing. Fifteen years ago he had an attack of this disease, and was treated with mercury and pronounced cured ; and then had to be treated for mercurial disease—the result of the treatment. He has been under treatment more or less ever since. There is ulceration of the legs, and a varicose condition of the large veins, together with slight elephantiasis of one leg, which is twice as large as the other, and is puffy and uneven. He has been salivated several times, and has been treated by the most eminent physicians of this city, and discharged as incurable.

The osseous system seems to be affected. The vomer, with other bones of the nose, is sloughing out. There is a discharge from the frontal sinus. Sometimes the sinus discharges as much as an ounce a day. He has soreness and pain in the whole frontal region. He has soreness of the eyes, with a constant discharge of the tears ; has a heavy, drowsy sensation, and when down



feels unable to get up. He feels a reluctance to exercise, either physically or mentally. There is now upon one leg a deep ulcer, and inflammation of the whole limb. When standing or moving the leg swells.

I have no doubt but that I can cure him before this course of Clinical Lectures closes, and that, too, with the following treatment, with such modifications as may be found necessary: He is now using alterative pills, composed of—

Prodophyllin, grs. iii.

Xanthoxylin, " vi.

Myricin, " vi.

M. ft. in pil. No. xx.

S. one thrice daily.

In addition to this, he is using the following:

R. Syr. Cordialis, oz. vi.

" Ginger, " iii.

M. and S. ii dr. thrice daily.

On Saturday, Sunday, and to-day, I took pieces of cotton, rolled them in dry caustic, and crowded them into the nares. This will be continued. If necessary, I shall force a solution of vegetable caustic into the frontal sinus. This may be difficult, yet it will relieve him.

#### April 5.

CASE I. Dislocation and Fracture. Wallis. Still improving under the same treatment.

CASE II. Ulceration of the nose. Ryan. Has but little ulceration now; his previous treatment will be continued.

CASE III. Disease of hand and eye. Houston. His fingers crack and bleed some yet, though much improved. His eyes look better, particularly the lower lids.

CASE IV. Scrofula. Mary E. Continue the former treatment, but half the quantity.

CASE V. Polypus. Mrs. M. Relieved of that fullness, heaviness, and tightness, about the eyes.

CASE VI. Fungus Hematodes. John H. I think he could not endure an operation; besides, his parents will not risk it.

CASE VII. Operation for the effects of a burn. Child. No report.

CASE VIII. Compound comminuted fracture of tarsal bones. Henry S. Entirely healed; discharged cured.

CASE IX. Hemoptysis. Mr. L., printer. No more hemorrhage, nor cough. Gone to work, and discharged as cured.

CASE X. Cancer. Mrs. C. The orifice nearly healed. She is using alterative syrup.

CASE XI. Laryngitis. George W. No particular change.

CASE XII. Caseous Tumor. Keep it open with caustic and cotton. It looks pretty well now. It may be well to make one more application with the caustic, and then let it heal up.

*April 16.*

- CASE I. Still improving under the same treatment.  
 CASE II. Progressing finely.  
 CASE III. The scrofulous taint is removed to some extent.  
 CASE IV. Very much improved.  
 CASE V. Cured and discharged.  
 CASE VI. Has no more hemorrhage.  
 CASE VII. Not heard from.  
 CASE VIII. Is well, and discharged.  
 CASE IX. Discharged cured.  
 CASE X. Well and discharged.  
 CASE XI. Still improves.  
 CASE XII. There is some discharge yet, with a secretion of purulent matter, but with the prospect of a speedy recovery.  
 CASE XIII. The ulcer upon the leg is healed. The ulcer in the nose is healing. Treatment continued.  
 CASE XIV. Mrs. J. Has cancer of the right breast (not ulcerated) of three years standing. I purpose to remove the entire gland. She was put under the influence of chloroform, and the operation performed, removing all the integument with the gland. Treatment: Apply cloths wet with cold water frequently. The lady had no knowledge of the operation, and could scarcely realize the fact that she had been in a state of insensibility, or that she had passed through that which she had so much desired.

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## PART II.---MISCELLANEOUS SELECTIONS.

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### ON THE TREATMENT OF PNEUMONIA.

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[Continued from page 181.]

*Case 2.*—The second case is that of a lad named Minns, aged 17, a waiter at a coffee-house. In his vocation, he is a good deal exposed to cold, but his health has always been very good. His illness commenced on February 8th, with shivering, loss of appetite, cough, pain in the right side, and vomiting. In this case, the signs were of the same character as the former, but were situated in the lower part of the right side. There was similar acceleration of pulse and breathing. The percussion was dull over the lower part of the right lung behind, where, also, there was a total absence of vocal vibration. In other parts of the chest the breathing was pure, and the percussion resonant.

Let me remark here, that, in watching cases of acute chest disease, it is very important to note the frequency of the pulse and respirations, as furnishing one of the most useful guides in the progress of the case; when matters do not go right, you find the frequency of the pulse and breathing increase from day to day, or remain stationary; but if, on the other hand, you find a gradual fall in the frequency of the pulse and breathing, you may feel sure that your patient is making satisfactory progress.

These physiological signs are not inferior in importance to any afforded by the patient in the course of his malady; and you may even trust to them alone, when they take the favorable course, to assure you, in the first instance, that the disease is not extending itself, and afterwards, that the inflammation is being resolved.

The diagnosis of this second case differed from that of the first in this: that, inasmuch as, in addition, to the dullness on percussion, the usual vibrations excited by the voice were not felt when the hand was applied to the chest, there must have been fluid interposed between the lung and the pleura, to prevent their propagation to the walls of the chest; whence we concluded, that a slight pleuritic effusion accompanied the hepatization of the lung.

The progress of this case, under the same treatment as that applied to the first, was equally satisfactory.

Thus, he came in on the 10th February, on the third day of the disease; his pulse was then 118; respirations, 38.

On the 11th, the pulse was 128; respirations, 34.

On the 12th, (the fifth day of the disease,) we found the pulse still high, 120; and the respirations 40. There was, however, a manifest improvement in the physical signs. The vocal vibration was now to be felt, showing that the pleuritic effusion had been absorbed. Slight crepitation began to be audible near the base.

On the 14th, the pulse had fallen to 96, but the respirations were still as high as 42.

On the 14th, the 7th day of the disease, the pulse had fallen still lower, and, what was more important, the frequency of the breathing was reduced to 32; crepitation was now distinctly audible over the whole of the diseased portion of lung.

On the 15th, the crepitation had become much larger and moister, and a good deal of vesicular breathing was audible at the lower part of the lung; and on the 17th, (the 10th day of the disease,) all traces of crepitation had disappeared, and the dullness on percussion had diminished; the pulse was 78, and respirations 29.

Four days afterwards, the patient left the hospital, quite restored to health.

Here, then, are two cases, which, I think, you may take as examples of pneumonia, or, more correctly, of pleuro-pneumonia, of an average amount of severity. They were, by no means, of what is commonly called the asthenic or typhoid kind. The first, indeed, was distinctly sthenic; and the patient was a strong, athletic, muscular man, just such a one as you *might bleed without much hesitation*. The other patient was not of so vigorous a frame; but still, neither his constitution nor his symptoms were such, as would have justified our regarding the case as asthenic.

Yet, you will observe, that, in the first case, the inflammation was fairly undergoing resolution on the seventh day of the disease, and, on the eleventh day, the lung was in its natural condition; on the fourteenth day, the patient was convalescent. In the second case, resolution was fairly established likewise on the seventh day of the disease, and on the fourth day of the treatment; and pure breathing was audible on the tenth day. A fortnight, likewise, was sufficient to restore this patient to complete convalescence. It is remarkable, that, in both cases, the resolution should have taken place on the same day of the disease; but then it must be noted, that, in both, the treatment began on the same day, namely, the third from the seizure.

Now, I have brought these cases before you, as good illustrations of the progress of the disease, under a mode of treatment which I have found *most successful* in a considerable number of cases, both in hospital and private practice. This mode of treatment *differs* very considerably from that laid down by some of our best authorities, as that which ought to be pursued in pneumonia. I have described in what that treatment consists. But I am quite prepared to hear it objected, that such a treatment is really *doing nothing, but leaving the disease to take its own course*. Well, if that course be to a recovery in a short time, and at no expense to the powers of the patient, can we adopt any plan better suited to him? But I do not admit that the frequent application to the chest of such counter-irritants as mustard or turpentine (three or four times a day), and large doses of the acetate or citrate of ammonia, and occasional purging, exercise no influence, either upon the whole system or upon the local disorder. The drugs cause, undoubtedly, and especially when the patient is kept in bed, free sweating, or free diuresis, and often both; and it is quite consistent with all experience, that frequent counter-irritation exercises a beneficial influence on internal inflammation, and relieves pain. I prefer the frequent application of such stimulants as mustard and turpentine to that of blisters, as being quicker, and, on the whole, *more efficacious and less weakening*.

Now, in the particular case under consideration, a manifest check to the advance of the disease took place immediately after

the treatment was begun, and the signs of resolution followed very speedily, and I have already alluded to the curious fact, that the resolution in both cases was established on the same day of the disease, the treatment having likewise commenced on the same day; a fact which seems very much to indicate, that the treatment had a good deal to do with the early resolution of the inflammation.

Now, in estimating the value of this or that mode of treatment in any given disease, we should ascertain what are its natural tendencies: to recovery or to death. Is it a very fatal disease? When recovery takes place, what is the process? When death occurs, what are the immediate antecedents, and what are the immediate causes?

These are points upon clinical history, upon which our returns are, as yet, far from being complete or exact. The numerical returns which we have respecting this disease are unsatisfactory, because, in those returns, all cases of pneumonia, whether asthenic or otherwise, and whatever be the quantity of lung involved in the inflammation, are classed together. Suppose you were making inquiry respecting the results of treatment in cases of burns, how little information could you derive from numerical returns, if the cases were not classified according to the extent of surface involved in the burn! It is just so with pneumonia; we have as yet no classified returns; but, looking to general experience and such numerical returns as we have, it may be stated, that, as in burns, pneumonia is fatal in proportion to the extent of pulmonary surface involved; but that, in the cases where one-fourth or a less portion of lung is inflamed, it has, on the whole, a very decided tendency to recover. On the other hand, when all one lung is involved, or when a considerable extent of both lungs is engaged, the tendency is decidedly to a fatal result.

The fatality of pneumonia, too, is very much influenced by the period at which the disease may have been detected, and some kind of medical treatment adopted. Thus, Grisolle's tables show that, when cases were brought under treatment within the first three days, only 1-13th died; but if not brought in before the fourth day, 1-18th died; if on the seventh, 1-3d; on the eighth, so large a proportion as 1-2 died. Age, likewise, exercises an important influence, and there can be no doubt that (excluding infancy, respecting which our facts are of the most satisfactory nature), the mortality increases with the age; and at the advanced periods of life, pneumonia must be regarded as a very fatal disease.

There are those who think, that when pneumonia affects the apex of the lung, it has a more fatal tendency than when it affects the base. I myself lean very much to this opinion, and because (without reference to complication with tubercles), in

such cases, the disease is generally of the low or typhoid character; nay, under such circumstances, the pneumonia may be erratic, and like erysipelas, pass from one to another part of the same lung.

It may, indeed, I think, be laid down, that in all these cases, the pneumonia has a fatal tendency in proportion *as it tends to exhaust*, whether by its extent, or by the vital powers of the patient too readily succumbing, or by the exposure to cold, or by mental or bodily exertion during the earlier stages of the disease, or by some powerfully depressing influence connected with the original exciting cause of the disease.

But, if you take cases of pneumonia occurring in persons in the full vigor of life, and not involving a very large portion of the lung, and coming under treatment early, we may regard it as a disease of not very fatal tendency, but rather very prone to get well when the *vital powers* of the patient may not *have been too much depressed*; and such cases will get well, whatever be the treatment early adopted, provided no great error has been committed: either in that of stimulating too freely, or of reducing too much. What we have to do in such cases is, to adopt the treatment which favors the shortest convalescence, and, in the more severe cases, we have to discover a mode of treatment which will promote the reparative process and *uphold the powers of life*.

The plan of treatment which has been recommended by some of our highest authorities, I need not tell you, is that by bleeding and tartar emetic. You bleed early from the arm, and, if necessary, you bleed a second or a third time; and if, under this treatment, resolution does not speedily take place, you bleed locally by leeches or by cupping, and likewise give tartar emetic more or less freely; to all which counter-irritation may be superadded in the more advanced stages.

I have had ample experience of this treatment; and, I must confess, that that experience has so little satisfied me with it, that I have for some years ceased to adopt it; for, under this treatment, *I have seen too many die*; and, when recovery has taken place, in too many instances has it been with a *tedious, lengthened convalescence*. Indeed, of all the fatal cases which it has fallen to my lot to witness, the great majority have been treated in this way; and, in most of them, antiphlogistic treatment had not been carried to an excessive or unreasonable extent.

In bleeding, the difficulty is to determine how much blood you may safely take away. Upon this point, I think all who view the matter candidly must acknowledge, that we have no satisfactory rule, notwithstanding the immense experience we have had of the practice. A loss of blood, which scarcely makes an impression on one man, *will seriously reduce another*; or a patient, who, in former illness, has borne bleeding well, will suffer from it

very much on a subsequent occasion ; or losses of blood which were borne with impunity in one epidemic, are injurious in another. All these are difficulties against which the *greatest tact and judgment find it difficult to contend*. And although, in particular cases, relief may be afforded to *certain symptoms* by a timely bleeding, there is no doubt that in many it exercises *no real influence in checking the progress of the disease* ; for, notwithstanding early bleeding, the lung becomes fully hepatised.

And, as far as regards tartar emetic, I have long noticed that patients do best when the drug neither sickens nor purges. On this subject, I am glad to fortify my own opinion, formed independently, by those of two such excellent authorities as the late Dr. Thomas Davies and Dr. Watson. Dr. Watson, alluding to Dr. Davies, says : " He states, and this is accordant with my own experience of the remedy, that the tartar emetic always acts best when it produces no effect except upon the inflammation ; i. e., when it does not cause vomiting, or purging, or a general depression of the powers of the system." When, indeed, you can insure your patient against these effects of the drug, it is a very safe and useful remedy in pneumonia ; but the difficulty is to limit its action in this way.

I had asked myself, why does this combination of tartar emetic and opium often tell so favorably in pneumonia ? and the conclusion which I came to was this : because it tends very decidedly to promote sweating, and perhaps other excretions ; and I was thus led to try drugs of a like tendency, such as the liquor ammoniæ citratis or acetatis, in large and frequently repeated doses, which do not exercise any depressing influence upon the patient. In pursuing this treatment, you must be careful to give full doses, (six or eight drachms,) and to repeat every three or four hours ; and you must diligently apply, two or three times a day, or more frequently, counter-stimulants over a large extent of the surface of the chest, such as mustard or large flannels soaked in warm spirits of turpentine.

Under this treatment, deaths from pneumonia have become extremely rare among my cases. The fatal cases are those of patients who come in far advanced in the disease, or in whom the disease has rapidly invaded a large surface of one or both lungs ; but even such cases often do well under this treatment, combined with support and stimulants.

In all the cases, I am careful to give support from the first, in the shape of animal broths in small quantities, and at short intervals, and sometimes a small amount of stimulus.

In the decidedly typhoid cases, I need scarcely say, that the free use of stimulants is of essential service ; and it is often of immense advantage to give quinine freely, the special indication for this latter drug being profuseness of sweating.

Pneumonia often comes on in connexion with rheumatic fever, or in a highly rheumatic or gouty diathesis. Such cases bear ill the bleeding and tartar emetic system, but are particularly well suited for this plan which I now recommend to you, and in them it may be freely used with very great advantage.

I had almost forgotten to allude to a very interesting point which was observed in both cases, viz., that during the stage of hepatization, the chlorides had disappeared almost completely from the urine, but returned to it on the reappearance of large crepitation, and on the resolution of the inflammation. This curious piece of chemical history was first pointed out by Redtenbucher, who records the results of his observations of it in eighty cases in "Hibra's Zeitschrift der K. K. Gesellschaft der Aerste."

I forbear from any further remarks on this subject, because my friend Dr. Beale is engaged in repeating the experiments, and with other observations on the chemistry of the sputa and of the blood in pneumonia, which, I have no doubt, will, ere long, furnish us with some very interesting results.\*—*Med. Times and Gazette*.

## ON THE PREVENTION OF SCROFULA OR STRUMA.

BY DR. SHAPTER.

(Braithwaite's Retrospect, January 1852.)

[In an essay upon this subject, Dr. Shapter makes the following most judicious and valuable remarks:]

There are three points to be particularly attended to in the prevention of scrofula. 1. Where a taint of the disease evidently exists in the mother, that the state of her health during the period of utero-gestation should be regarded with the most jealous care. 2. That on the birth of the child, if either parent should have strumous predisposition, prophylactic means must

\*That I am not singular in feeling dissatisfied with the bleeding and tartar emetic treatment in pneumonia, I infer from the fact, that this mode of treatment has been, as I am informed, quite given up at the great Clinical Hospital at Vienna. The curious paper of Varrentrapp, of Frankfort, in "Henles Zeitschrift," which I did not see till long after this lecture was delivered, indicates that that able physician had no particular liking for the treatment in question. Varrentrapp adopted the treatment of pneumonia by the frequent inhalation of chloroform in small quantity, but not to such an extent as to cause insensibility. The most frequent immediate effect of the treatment was perspiration, and reduction in the frequency of the pulse. The results of the treatment appear to have been highly favorable. An able analysis of Varrentrapp's paper was published in the Medical Times, Vol. XXIV, 1851.



be resorted to during the early years of life. 3. In cases where there is no hereditary predisposition, but locality or other external agents appear the sources of the disease, these must be obviated. Females are not, for the most part, sufficiently impressed with the influence exercised by their own state of health, during pregnancy, on the offspring they are carrying. This applies generally; but when the system is imbued with disease, the foetus is in a condition to receive any morbid impression much more easily. It would be useless here to lay down any series of rules. Particular stress, however, may be laid upon the necessity of sufficient clothing, exercise in the open air, avoiding heated rooms and late hours, and abstaining from an indulgence in a full, stimulating diet. On a child being born of strumous parents, every means should be taken, as regards food, air, clothing, etc., to strengthen the general health, and to counteract the hereditary tendency. Should the father only be imbued with the strumous habit, and the mother in every way a proper person to nurse her own offspring, the infant should, by all means, derive its nourishment from her, in preference to a stranger. If, however, the mother be scrofulous, a young healthy nurse should be substituted, and for the first six or seven months, the infant should be entirely nourished from the milk so afforded; in the succeeding three or four months, the use of other light and nutritious food should be resorted to, in addition to that of the breast.

It is absolutely necessary, that the wet-nurse should not have given suck to her own child above a few weeks, or rather days, previous to the one she is to nurse; and during the whole period of her supplying milk, she, as well as the infant under her charge, should occupy large and airy rooms, and should take regular exercise in the open air, attending especially to the state of the digestive functions. A very common error prevails, that women, during the time they are fulfilling this function, should take in more nourishment than is their usual custom, and that it should be of a more stimulating and heating nature. About the age of ten months, or, at the latest, twelve, the infant should be weaned. Nothing conduces so much to produce a feeble frame of body as protracting the period of nursing. The milk, after twelve months, becomes poor and innutritious, causing in the child fed with it flatulence and indigestion.

The food at this period should, in great measure, consist of cow's milk, together with light nutritious matters taken from the vegetable kingdom, with some very slight addition of broth. Dr. Paris strongly recommends milk impregnated with the fatty matter of mutton suet. It is prepared by inclosing the suet in a muslin bag, and then simmering it with milk. Where it is an object to introduce much nutritive matter in a small space, he is not acquainted with a better form of aliment ('On Diet,' p. 230).

Dr. Cumin, who has made trial of it, fully bears out this recommendation, and says that it has a near resemblance to goat's milk, but that it has the advantage of being more astringent. He found it to be very useful in cases of scrofulous marasmus, when almost every other article of diet caused irritation of the bowels, and passed through them undigested.

The clothing of infants is of great importance. Dr. Edwards has shown that they neither have the temperature of adult age, nor enjoy the power of generating heat to the same extent. The practical applications which result from his observations are of the highest importance. He says, with great justice, that if the attentions which children require in climates and seasons little favorable to the preservation of their existence were generally understood, and put in practice, it would considerably reduce one of the most powerful sources of mortality affecting that age in our climate. (This doctrine applies with equal, if not tenfold force, with regard to lunatics of every age.—W. S.) Cold operates much more generally than is supposed, and often affects the constitution most seriously, even when its effects are not manifested by any immediate sensations. They do not feel the cold, but they have an uneasiness or an indisposition, which arises from it; their constitution becomes deteriorated by passing through the alternations of health and disease, and they sink under the action of an unknown cause. It is the more likely to be unknown, because the injurious effects of cold do not always manifest themselves during, or immediately after, its application. The changes are at first insensible; they increase by the repetition of the impression, or by its long duration; and the constitution is altered without the effect being suspected." (Edwards *op. cit.* p. 265.) In those countries where, from the degree of cold, its effects are more sensible than with us, the necessity of guarding their children against its influence is fully appreciated. The result is, that in these colder climates, this agent is a less frequent cause of mortality than amongst us. At the same time that it is necessary to watch the progress of the seasons, and to guard against the injurious effects of their climate, it is also of consequence to promote that state of the system which is favorable to the generation of animal heat, in order to compensate for the abstraction of it by radiation, the temperature of our climate always making this a condition of our existence. This is effected by maintaining the organs of respiration and circulation in a state of vigor. The chief means which we have of promoting this, are exercise in the open air, living in apartments where ventilation is good, and the maintaining a healthy condition of the surface of the body: immersion in cold water is useful to this end.

The importance of fresh air can not be too strongly inculcated. The rooms occupied by those of a strumous tendency should be

large, airy, well ventilated, and not over-inhabited ; of all things, the child should not be confined in a cot or bed surrounded by curtains. The child of a country laborer, with everything against him, except that he enjoys fresh air, exhibits a vigor of health and appearance, that is in vain looked for in those nurtured in the confined atmospheres of the nursery. Fresh air gives tone to the skin, vigor to the respiration, and conduces in great measure to a healthy state of the digestive organs.—*Med. Gazette*, June 13, 1851, p. 1021.

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## EXPOSURE OF BLEEDING SURFACES TO THE AIR.

BY F. C. SKEY, ESQ., F. R. 'S.

In cases of hemorrhage from small vessels, there is, in my experience, no agent at all comparable in its power to arrest bleeding, like rest and exposure to air. Whether it be the act of exposure to the atmosphere, or that the vessels are freed from the contact of parts around, I do not know, but the fact is undoubted. The surgeon who has least fear of hemorrhage loses the least blood. A small wound may be tortured by styptics, and by compression, and by other unprofitable agents, until it becomes the fruitful source of protracted hemorrhage. Masses of lint are piled up in heaps upon the wound, pressure is maintained till all the parties concerned are exhausted, but still the hemorrhage returns or continues, by reason of the irritation caused by *the very agents employed, and nothing more.*

Under these circumstances, which I have repeatedly borne witness to, all dressings should be removed ; the wound should be opened and exposed to the air, by its edges being drawn widely asunder, and the bleeding apparently encouraged ; its surface freely sponged with cold water, the coagula wiped away, and, in this condition, it may be fearlessly left to bleed. The cessation of the hemorrhage by such means is often immediate. I was called up, at an early hour, many years since, by a medical man, to consult with him on a case of hemorrhage from a tonsil, which he had removed in the middle of the previous day, from the fauces of a young lady. I directed him to take her to an open window, on the side of the house from which the wind blew, and to require her to keep her mouth wide open. On the following day, I learnt that the bleeding, by this simple expedient, had almost immediately ceased. A gentleman, in a state of intoxication, fell down and cut his head. The wound bled freely from

the secondary branches of the temporal artery. This hemorrhage continued from seven till twelve at night. When I saw him, his bed was surrounded by some six persons, medical and domestic. The man had a pile of lint, of about three inches in thickness on the wound, and another layer was about to be added to the mass. Contrary almost to the entreaty of the parties engaged, I removed the clotted and saturated lint, and roughly sponged the wound, which I exposed to the air. The bleeding ceased within three minutes. On another occasion, I was sent for in the night to the hospital, to assist in arresting the bleeding from a large wound below the axilla, that had been made on the previous day, by my late colleague, Mr. Earle. Three house-surgeons were present, and other persons. This man had lost a large quantity of blood by the same ingenious devices as those practiced in the above cases. I proposed to remove the lint, and I was answered that its removal would be fatal, such was the tendency to bleed. I ordered the man's bed to be carried to an open window, and removed every appendage from the wound. A large flow of blood followed, and then entirely ceased. I have records of many other similar cases.—*Brit. and For. Med. Chirurg. Review*, April, 1851.

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## NEW REMEDY FOR SHORT-SIGHTEDNESS.

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BY DR. A. TURNBULL.

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[Dr. Turnbull states, that observing short-sighted persons partially close their eyelids when looking at distant objects, his attention was directed to the iris, which, in such cases, he found generally much dilated, the contraction of the iris necessarily increasing the length of vision by permitting the rays of light only to enter in a straight line. He conceived that, if he could discover some remedy to effect this contraction, one cause of the defect of short-sightedness would be overcome.]

In the first instance, says Dr. Turnbull, I applied the extract of ginger, which was rubbed for five or ten minutes over the whole forehead, with the view of acting upon the branches of the fifth pair of nerves. Afterwards I substituted a concentrated tincture of ginger, of the strength of one part of ginger to two parts of spirits of wine decolorized by animal charcoal.

The success of this application was remarkable: in many cases it had the effect of doubling the length of vision. In some persons, I found the iris was not much dilated, but very torpid. In these cases I applied the concentrated tincture of pepper,

(capsicum ann.) made of the same strength and in the same manner as the tincture of ginger. This I used, until I observed that the iris had obtained a greater power of contraction and dilatation; after which I had again recourse to the tincture of ginger. This plan of treatment has been attended with the most *signal success*, and persons who were extremely short-sighted have very soon become enabled to lay permanently aside their concave glasses. The best method, I may observe, of testing the improvement of the sight, during this treatment, is, not by taking a printed book, and holding it near, and then at a greater distance from the eyes; this range of vision is much too limited: it is better to fix the attention of the patient upon some distant object, such as the brass key-hole of a door, and, by his stepping some paces backwards, so as to place himself at a greater distance from it, he will soon discover the progress he is making.

So important a discovery as this, will, I hope, be fairly tested by the members of our profession, who may rely on the success of the treatment I have recommended, if it be only judiciously and carefully carried out.

It is possible that the advantage derived from the tincture as above described may be ascribed to the alkaloid principle, *pepperin*, which is held in solution in the tincture of pepper.—*Med. Gazette*, Nov. 15, 1851.

Will the medical profession fairly test the value of this remedy in cases of short-sightedness? or will they denounce the remedy, notwithstanding what Dr. T. says in its favor, simply because some ignorant reformers use cayenne pepper? We can add our humble testimony to that of Dr. Turnbull in favor of this remedy, in several cases of short-sightedness. The improvement has been marked and decided in every case, and, in several instances, in young people, short-sightedness has been entirely cured. In people further advanced in life, there is less hope of a cure; but in them the length of vision has been very decidedly increased. With Dr. T. we earnestly hope this discovery will be fairly tested by the profession.—*Ed. Amer. Jour. of Med.*

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#### DR. BEACH'S SCHOOL.

Dr. Beach's attempt to establish a Medical College in Boston has failed. He has since attempted a similar enterprise in Charlestown, and that, we understand, has failed.

The Doctor professes (to use his own language) to be "out of patience with all our Reform Schools." He says, "they are imitating too much the Allopathic Colleges."

Well, we live in a free country, where every man is entitled to the enjoyment of his own opinion. If Dr. Beach can give us a *model* School, and make it succeed, we pledge ourselves to be ready to be benefited by his example and efforts. As yet, however, we see no sufficient reason for varying essentially from the position which we have thus far preserved; and, in some respects, we are now quite ready to say what course *we shall not pursue*.

We shall never take males or females,—as *raw materials* in the profession,—persons who have never read a single work on any branch of medicine whatever, (unless the *looking over* of Beach's Midwifery may be regarded as an exception to the remark,) and offer to *graduate* those individuals after about two weeks spent in attending Lectures. This, *to our positive knowledge*, Dr. Beach has done. Again, we shall never announce *in print*, as *clinical demonstrator* in the Medical College with which we are connected, a female who never spent three days in medical study in her life, aside from what she has done in connexion with attempting to act, to some little extent, as a midwife and nurse; nor shall we set such a person to deliver Lectures to students in College. But such a person has been announced as clinical demonstrator in Dr. Beach's School, and been *allowed and required* to give Lectures to his students. We might refer to things of which "it is a shame even to speak," but which, as we learn from those who *positively know*, Dr. Beach has engaged in and sanctioned in his School; but we forbear. *O tempora! O mores!*

We regret, as much as any one, to be constrained to name matters of this kind; and we would not do it, except to vindicate ourselves against the charge of affiliation with such men, and of indirectly, at least, encouraging their measures. Others may do as they choose; but, for ourselves, we utterly disclaim all connexion with or approbation of such disgraceful movements.  
—*Worcester Journal of Medicine*.

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## SUCCESSFUL REMOVAL OF A FOREIGN BODY FROM THE KNEE-JOINT.

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BY J. WASHINGTON SMITH, M. D.

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**Messrs. Editors.**—The following case presents so many points of interest, if not of originality, in its history and treatment, that I have thought a record of it worth preserving—and, such as it is, I now place it at your disposal.

Mr. R. M., æt. 22, a laborer on a farm, otherwise healthy, consulted me in June, 1851, in regard to a difficulty of the right knee. For some months previous something had appeared to "catch," as he termed it, in the joint while using it, causing excruciating pain, followed by inflammation, swelling, and weakness of the joint. The peculiar "catch" had only existed for a few months, but the patient says, "the joint has been a little weak and swollen at times ever since a 'wrench' it received some four or five years since, during a wrestling feat." Recently he had perceived a "loose body, something like a bean," each side of the patella, and at other points, which was freely movable, and would easily slip into the joint. At times it was readily detected, at others difficult or impossible. The knee was considerably enlarged, as from chronic thickening of the synovial membrane, and tender to the touch, in places.

*Diagnosis.*—After the above history, and manipulating the joint, so as to bring the foreign body within reach, I did not hesitate to pronounce it a case of *loose cartilage* within the joint.

The probable cause, nature, course, usual treatment, etc., were fully explained, and the patient dismissed, with the advice not to think of an operation for its removal, unless the use and safety of the limb imperatively required it; and that efforts be made to "fix" or confine it *outside*, or else to prevent its escape from *within* the joint; also, to consult older and more experienced counsel.

At my request the patient called occasionally to report his condition, and enable me to watch the progress of the case. After a time he acquired such dexterity as to bring the foreign body outside of the joint almost at pleasure.

After September, 1851, he was not able to attend regularly to his occupation; and as the joint was becoming more thickened and stiffened, from the continued irritation to which it was exposed, efforts were made to confine the cartilage (as I still supposed it), by pushing it far away from the joint, in one of the synovial pouches by the side of the patella; but it was found, upon repeated trials, that it could not be retained *in situ* by any amount of pressure which could be borne, and allow any motion of the joint. Efforts were also made to *prevent* its escape from the joint, but with only partial success, while the cause of irritation was sure to be at work.

There now appeared but one other alternative—the chance of an operation—and which, owing to the state of the joint, it must be confessed was not very promising. The almost certain result of the case as it *was*, together with the *probable* and *possible* consequences of an operation for the removal of the offending body, were again fully and fairly stated to the patient and friends. Dr. Almiron Fitch, of Delhi, a distinguished member of the pro-

fession in this section of the state, who also consulted, and coincided fully in the opinion given.

*Operation.*—Early in March last I was requested to remove the foreign body by operation. Having enjoined rest, low diet, and occasional purgatives during the ensuing week, on the 10th instant I proceeded to remove it; Dr. Fitch kindly consenting to be present, and from whom I received valuable assistance. Some delay and difficulty were experienced in confining the same in the position desired, viz: upon the inner condyle, without occasioning too much motion of the joint. The integuments were then drawn tensely forward (about one inch) over the foreign body while the same was firmly fixed by the fingers of an assistant. A longitudinal incision, three-fourths of an inch in length, was then carried through the integuments directly upon the cartilage (?), but, as it could not readily be removed, a second incision was made, so as slightly to enlarge the first, when with a tenaculum it was removed, with some difficulty, owing to the thickened state of the joint, and the unexpected *hardness* of the supposed cartilage. In form it much resembled an almond, was eight lines in length, six broad, and four in thickness. Its substance was evidently osseous or calculous; but unfortunately (and contrary to agreement) it passed out of my possession before I had an opportunity of subjecting it to any chemical or microscopic tests. It was completely enveloped in healthy looking cartilage.

The hemorrhage was slight, and soon ceased, when the incision was nicely secured by plasters, a compress carefully adjusted so as to securely close the *valvular* opening, and over these a figure of 8 bandage; the whole being completed by a long splint to outside of limb, secured by roller, except over the knee, nearly preventing all motion. Water was applied several times a day, and was the only application. There was a slight exudation of serum, but none of synovia. The diet was light for a few days, and small occasional doses of pil. cath. comp. and pulv. jalap. comp. were given, to procure the regular evacuation of the bowels. Union was partly by first intention, and partly by what Macartney calls the *modelling* process, i. e., without suppuration. The case was closely watched, and there was no inflammation at any time.

After a few days the patient sat up part of the time, but the plasters and splints were not dispensed with until the thirteenth day, when the wound appeared perfectly united. A compress and figure 8 bandage were continued, and directions given to use and flex the limb but slightly; but from that time he began and continued to go about. April 15th there was only a slight weakness, and some stiffness upon flexing to an acute angle. At the end of six weeks he was attending to his ordinary occupation, and was able to join, as he was wont to do, in "the giddy mazes of the dance."



*Remarks.*—The operation by subcutaneous incision, as proposed by Professor Syme and M. Goyraud, was hardly practicable, owing to the thickened state of the integuments, though it would in most cases greatly lessen the danger of inflammation. Wounds penetrating the cavities of joints, especially the larger, have ever been the dread of surgeons, and the common result an opprobrium to the healing art. This case is a striking illustration of the importance of *perfect rest* (of the joint), and of a *simple*, but not *too* antiphlogistic treatment; though in regard to the latter the previous habits should be our guide. Here there was evidently a *want* of action, though the diet was "light" for only a few days, but had it been more generous, I am satisfied complete union by first intention would have taken place—a most desirable result in wounds of joints.

The history of this case may, and will doubtless, satisfy some minds, that a *fragment* of bone was nearly or quite detached at the time of the injury mentioned; but to my mind it is not so conclusive. A section of one end of the foreign body revealed a hard, friable substance, more resembling calculus. But, was a calculus ever completely enveloped in healthy cartilage? If so, it is a most remarkable provision of nature to prevent injury to the joint. May not a peculiar abnormal state of the synovial membrane, from any cause, give rise to an adventitious growth or deposit in the synovia as well as in other fluids of the body? Loose cartilages and calculous concretions are not very usual, but I do not recollect any account of a foreign body in the cavity of a joint, similar to the present.

The patient consulted different surgeons, to whom he stated the symptoms and diagnosis; but it is a curious fact, that none of them, at the time, detected the foreign body (though part were satisfied of its existence), and at one time, believing it a case of chronic synovitis, counter-irritants, and ung. iod. comp. were freely applied, to procure absorption!

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## CASE OF CONCEPTION BEFORE THE APPEARANCE OF THE MENSES.

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BY WM. T. TAYLOR, M. D.

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To the Editors of the Medical Examiner.

GENTLEMEN,—The general experience of the medical world has established it as a physiological fact, that conception can not take place prior to the appearance of the menses. But there are instances of females becoming mothers, who have never

menstruated; they, however, must have conceived just at the time when the catemenia were about to be established, which after parturition and suckling probably occurred regularly.

The following case, which I have met with, seems to be an anomaly in the annals of midwifery:

During the month of June, 1851, I was requested to visit Hannah B., a mulatto, who was pregnant with an illegitimate child. Was much surprised at finding my patient herself was a mere child in appearance and manner. She was thirteen years of age on the 3d of the previous February, and, though she had never menstruated, was, when I saw her, in the eighth month of gestation. Her general condition was plethoric; her breasts well developed, and the areola quite dark.

On the 13th of August she was taken in labor, but in consequence of a prolapse of the funis umbilicalis, which could not be replaced, I delivered her of a still-born child, of the usual size, and perfectly formed. The lochia continued for a few days, and she passed through the accustomed period after delivery very favorably.

It is now one year since, and her menses have not yet made their appearance, nor has there been any vicarious discharge; her health during the whole time remaining perfect.

Never having read of a case of the kind, I have sent it to you for publication, should you think it of sufficient interest.

PHILADELPHIA, August 19th, 1852.

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## ICE AS A LOCAL ANÆSTHETIC.

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BY W. A. BERRY, M. D.

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To the Editors of the Medical Examiner.

MESSERS. EDITORS,—I propose to make known to the many readers of your valuable Journal the application of a new local anæsthetic agent, which probably is not familiar to a large majority of them. This agent is applicable to but a very limited part of the frame, but its efficiency is such as to cause its use in all like cases. I refer to the local anæsthetic effect of ice in the removal of the nails of the toes or fingers. This most painful operation is disarmed of all its terrors by this simple means, and the patient witnesses it with as much composure as the operator. The agent was first made use of in the wards of M. Velpeau, during the past summer, in Paris, by one of his internes, and afterwards successfully applied by himself in a number of cases.

The ice is powdered finely and mixed with a sufficient quantity of salt; next enveloped in a thin cloth, and the two phalanges of the great toe or thumb enveloped in it; the application should not be continued over five or six minutes, this time being sufficient to produce the most perfect anæsthesia. M. Velpeau proceeds with the operation in the following manner: Immediately upon removing the ice, the nail is divided in its length with a common sized bistoury from its free extremity to the root, then seizing each half successively with a strong forceps, it is removed with a moderate *jerk*. The frequent necessity for the performance of this operation, and the great pain attending it when removed under other circumstances, is sufficient to cause its universal application by the profession. M. Velpeau directs the application of compresses of cold water to the part during the first twenty-four hours; and the simple cerate dressing for a few days is all that is required.

It may be objected that the reaction under the application is such as to prevent its use: I will simply say, that of the six patients that I saw operated upon by M. Velpeau, no such accident occurred to any one of them: and to the one case in which we applied it but a few days since (and which has suggested this communication), we have reason to believe that the agent is free from any unhappy results.

The simplicity and efficacy of this minor piece of surgery, and the so frequent necessity of some surgical interference in these cases, has induced me to send you this communication.

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## CASE OF CHRONIC CARDITIS.

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BY G. D. BRADWAY, M. D.

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THE following very interesting case of structural disease of the heart came under my notice the past month. As there were many things connected with it which may prove of interest to the student and practitioner of medicine, I have thought proper to offer it for insertion in the Journal.

Mr. A. B. Stone, aged 57, of a strong, muscular form, and a sanguine-nervous\* temperament, was attacked, about the middle of November, with symptoms of acute pneumonia, accompanied with great nervous prostration. There was acute pain about the

\* The temperament I judged to be rather what has been called the *mental-motise*, or *nervous-bilious*.—[Ed.]

superior portion of the left lung, which extended to the left shoulder, making it at times very difficult for him to use his arm. For about ten years he had been troubled at times with what was supposed to be rheumatism in this same shoulder. This had followed an attack of *carditis* (inflammation of the substance of the heart), for which he was treated by a physician in Brooklyn. Local applications generally removed the pain in the shoulder in a short time.

The symptoms accompanying this attack were difficulty of breathing, pulse quick and intermitting, tongue slightly coated, slight cough, expectoration somewhat streaked with blood, urine scanty and high-colored, countenance pale and anxious, and great restlessness, with at times a good deal of nausea. These, under the treatment of Dr. Cator, an eminent Homœopathic physician of this city, soon subsided, and in the course of a week almost entirely disappeared. Yet, although the symptoms had disappeared, still the system did not recover its wonted energy; for distressing dyspnœa followed the slightest exertion, and the patient's limbs were so weak that they could hardly sustain the weight of his own body.

This state of things continued for about ten days, when, without any apparent cause, the symptoms returned, accompanied with severe pain in the *cardiac* region. Although in this last attack there was not the same difficulty of breathing, neither were the febrile symptoms as marked as in the former, still, upon the patient's lying in any one position for a length of time, to use his own expression, he "would be nearly suffocated for the want of breath, and it seemed as if his heart had almost stopped beating." These spells were more frequent when he lay on his left side or back; they would last for about two minutes, and were relieved by raising him to an upright position. During these distressing turns he would perspire profusely, although there was great coldness of the extremities and surface generally. At times there was great thirst. The bowels were regular, secretion of urine not very abundant, respiration at times short and hurried, and then again full and deep, appetite variable, voice strong as in health. These symptoms, with gradual wasting of strength, continued with slight intermission till his death, which took place on the forty-fourth day from the first attack.

The afternoon preceding the patient's decease, he suffered very much from a severe pain in the left lower limb, extending from the knee downward, and finally located in the heel. For eight hours preceding his death there was no pulsation at the wrist.

A good deal of anxiety being felt by his friends to know the real cause of his death—some supposing the case to be one of congestion of the lungs, while others called it disease of the heart—at the request of the friends, I concluded to perform a

*post mortem* examination, which I did the day after his death, in the presence of Dr. L. D. Stone, of Auburn, and Professors Reuben and Calkins, of Syracuse Medical College.

**AUTOPSY :** *Twenty hours after death.*—On opening the thorax the heart and lungs presented no very unusual appearance.

**Right Lung.**—On examination I found no appearance of disease except a few tubercles; no congestion. On raising the lung, a large quantity of water was found in the cavity, of which I removed about three pints.

**Left Lung.**—Lower and posterior portion very much congested. On making an incision into this portion, a bloody, frothy serum escaped. Less serum in the pleural cavity. The condition of the large vessels about the heart was not examined.

**The Heart.**—This organ was of uncommon size, and the left side evidently hypertrophied. Its blood-vessels were engorged, and much of the surface quite dark-colored. Before cutting into the heart, a manifest *bulging* of the walls of the left ventricle, near the apex, was perceived, and this portion was unusually hard to the feel. The right cavities of the organ being opened, no traces of disease were discovered. On making an incision into the left ventricle, commencing at the superior portion and carrying it downward to the apex, the structure of the parts near the base was found to be nearly in a natural state. Towards the apex two different conditions presented themselves. The external thin layer of the muscular structure, corresponding with the *bulging* already noticed, was replaced by a firm cartilaginous growth. The internal, and much thicker portion, was *completely softened*, and tore readily under the fingers. Throughout this portion small abscesses were found, apparently in various stages, and giving it almost a honey-comb appearance. Upon the internal surface of the ventricle, and particularly towards its upper portion, quite a number of small, colorless masses, evidently *coagula* (clots) of fibrin, were, as is often the case, seen adhering to the walls of that cavity. These did not seem to be organized. They appeared to be firmly attached to the muscular structure, and the only thing peculiar about them, was that, on introducing the point of the scalpel under them, they cleaved off perfectly, and with more or less readiness, showing a softened and discolored state of the parts under them, and in some cases a slight degree of suppuration. It was plain that inflammation and its consequences had loosed their original hold on the walls of the ventricle, some of those consequences still showing themselves under the deposits. The valves of the heart were healthy in appearance, excepting the *mitral valve*, the tendinous cords of which were somewhat thickened at one or two points, probably by organized deposit.

SYRACUSE, January 28, 1853.

### PART III.---EDITORIAL.

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**THE FREE SCHOOL MOVEMENT AND THE WORCESTER JOURNAL OF MEDICINE.**—For Dr. C. Newton, the editor of the Worcester Journal of Medicine, we have heretofore entertained a high respect. His course as an editor has been dignified, prudent, and modest—evidently aiming at the elevation of medical reform, in an honorable manner, and disposed to speak candidly, but plainly, upon the various subjects that interest the profession. We should greatly regret to lose any portion of our respect for our valuable colaborer in reform, and we therefore take the liberty of inviting him to reflect whether his recent editorial course may not require a slight modification, to coincide with the highest ideas of frankness, liberality, and justice. During the past winter, he published, editorially, some strictures upon the course of the Eclectic Medical Institute, in reducing the expenses of education, and charged upon the large class which we had assembled, a general inclination to *indolence* and *rowdiness*. This unwarranted remark he professed to base upon information received from some one in the West; and we were disposed, therefore, to charge the criminality of this libel, not upon the editor, but upon his malicious correspondent. Of course, we presumed that the editor would be happy to make the *amende honorable*, whenever informed of his error.

The calumny in question having attracted the notice of the class, they held a meeting, passed resolutions, appointed a committee, and drafted and adopted a communication, to be published in the Worcester Journal, to counteract this report—of which we had taken no notice in the Eclectic Journal, because we relied upon Dr. Newton to correct his own misstatements. In this we have been disappointed. Dr. Newton has declined publishing the letter (for which we can see no sufficient reason), and thus left his original calumny undisturbed. He regrets it if he has done any injury to the school, but he utters not one word of apology or correction to the medical class, whom he assailed, and through whom he assailed the school. We therefore feel bound to publish in this number the letter in question, from the committee of the class, which so satisfactorily repels the calumny.

The letter is indeed worth publishing on its own account, for it is a well written production; and the ability which it evinces will no doubt tell with effect in any future contest in behalf of medical reform. We do not know to whom of the class the credit of this production is due, though we know a number who write with clearness and force. (See page 201).

We trust Dr. N. will see the propriety, if he persists in his refusal to publish the letter, of at least correcting or withdrawing his accusation against the class. The class, however, were assailed merely for the purpose of discrediting the free-school system, and establishing the opinion among medical stu-

dents, that none would be attracted to attend under our present system but young men of an inferior character. Justice requires that Dr. N. should withdraw the imputation. As to the Institute, Dr. N., while declaring that he wishes its prosperity, repeats in his April number his previous attempt to produce the impression, that any Faculty laboring without adequate compensation, under the free-school system, must necessarily be composed of inferior men; thus plainly intimating that those who resort to Worcester, will find a very superior class of students, as well as a superior class of professors,—in both of which, according to his insinuations, the E. M. Institute of Cincinnati must be deficient. The following quotation embraces his leading ideas:

"To us it seems worse than idle, to talk about the necessity of benevolence exercised on the part of medical teachers,—of their not being governed by mercenary motives, etc., etc. Tell the practicing physician, the lawyer, the laboring man,—the man of any occupation, that he ought to be more liberal-minded than to require pay for his services;—he must rise above all pecuniary considerations, and be actuated by nobler motives. How effective would such logic generally prove, to men who are not spiritual enough to live on air! Especially, when a man has spent years of time, and his pecuniary *all* to get himself qualified to be an interesting teacher, how grateful it must be to be told, that any desire, on his part, for compensation for his services is grovelling and unbecoming. He must rise higher in the exercise of good-will to men! All we have to say is, Away with such childish folly;—it can never take root in sensible minds. If young and imperfectly qualified men, possessing other means of living, have so anxious a desire to be *dubbed* with the title of *Professor*, as to be willing to labor for the *honor of filling a Professor's chair*, they may do so; but, for ourselves, we freely own, we choose to show in some other way, what little benevolence we are capable of exercising. When we have no longer the hope of a tolerable compensation for our efforts, we shall cease to teach. That is all."

As to the proposition, that a desire for compensation in a medical teacher is grovelling and unbecoming, we can only say that we have never so thought or believed. On the contrary, every man is entitled to a fair reward for his labor; and certainly, well educated teachers of medical reform are justly entitled to liberal salaries, and we wish they could get them. But can any one point to a single instance in which a collegiate teacher of American Medical Reform has ever been liberally or even fairly compensated for his labor? Is it possible in the nature of things, for those who belong to a rebel army to enjoy the fat salaries of the royal troops? And must we not, if we profess to be reformers, expect to struggle with hardship, to encounter poverty and discredit, and have the golden fruits of our labors to be reaped by posterity? If under such circumstances, some of the officers of the army of freedom have voluntarily reduced their salaries, in order to diminish the embarrassments of the cause, and enable them to increase the number of enlistments, what true friend of reform could object to their disinterested action? If they are able to bear the loss, they certainly are entitled to pursue their own course, and to receive some thanks for the sacrifice. But if there be a few other officers who cannot participate in the movement, and who declare that they must have comfortable salaries in order to live, they have certainly the right to pursue their own course, and we do not object to their judging for themselves. If w

were positively unable to do as we have done, or to continue our course, we certainly should not have attempted it.

But we consider all declamation or grumbling about the necessity of pay for professors' services, exceedingly inappropriate, since it is based upon an impracticable theory. Medical Reform will not and can not pay at present a fair price for the intellectual labor which it needs; and unless the cause of medical reform can be sustained by men who are able and willing to labor without adequate compensation, it must languish, and progress in a tedious and unsatisfactory manner. The system of high charges, which Dr. N. advocates, to raise adequate salaries, is, in a purely commercial point of view, an impracticable folly. Teachers of medical reform have heretofore demanded the highest fees that they could possibly obtain, yet they have universally failed to procure a respectable compensation for their labor. What motive, then, had they to labor for reform? not a commercial motive, for the business did not pay. The motive was, the reform of the profession—the good of mankind;—that was a practicable object. Why not, then, pursue our main object, professional reform, and abandon the old impracticable idea of making their professional reform a pecuniary speculation—an idea which has proved itself entirely impracticable for twenty years past, and will continue impracticable perhaps for ten or fifteen years to come.

Where is the wisdom or practical sagacity of those gentlemen who advocate high charges? Are they not violating the principles of common sense, in attempting to make an incipient enterprise profitable from the start? Does the man who expects to raise a blooded horse of a superior character, insist that the colt shall earn his food by ploughing, from the day that he is born? Does the publisher of a daily newspaper insist that the business shall pay a living profit from the day it is first started? On the contrary, does he not expect to sink a large sum, from a thousand to five thousand, and even ten thousand dollars, in the establishment of his paper? Does he not expect to struggle for years, with an inadequate return for his capital, before he enjoys the profit and independence which he expects? Does the man who attempts to establish a farm in the wilderness, surrounded by wild beasts and savages, insist that himself, his family, and laborers, shall all have as comfortable accommodation, and as many of the luxuries of life, during the first years of his settlement, as he was accustomed to enjoy when he lived among friends in the older settlements?

In all these cases, men of common sense expect to make heavy sacrifices at the commencement of any important enterprise, and to continue these sacrifices for years, if necessary, until the enterprise has attained that maturity which will render it profitable and pleasant. Medical reform in America, has not yet attained that maturity. Its leaders had not, until the recent free school movement in Cincinnati, adopted that bold and liberal policy, by which all heavy undertakings must be sustained at their origin. The industrial pursuits, the infant manufactures of our country, require to be sustained, not only by a large outlay of capital, guided by skill, enterprise, and energy, but to be protected in their infancy, by a tariff to prevent foreign competition. Medical reform has no such tariff in its favor; on the contrary, there is a very heav



tariff of bigotry and dogmatism operating against all its movements, and in favor of Hunkerism. It is therefore doubly necessary that its leaders should have some degree of boldness, perseverance, and self-sacrifice. And if there are any who insist that their means are too limited to make any sacrifice at present, we can only say, that if they will wait for ten or fifteen years, until reform has gained a triumphant position throughout the country, under the guidance of our present policy, they will then, perhaps, find that sacrifice is not necessary, either in a moral or pecuniary sense, and that reform has become capable of honoring and rewarding her faithful champions. When we have five, ten, or twenty thousand physicians, of honorable standing, and prosperous circumstances, devoted to the cause of reform, they will not fail to demand and adequately reward teachers of established reputation.

Most assuredly, teachers should be well paid; and if a teacher has no other motive than the reception of his pay, he should teach the fashionable and popular doctrines. But if he has higher aims, and desires to reform his hearers, as well as to receive their money, he should not sacrifice or injure his reformatory purpose by being too eager for his salary, but should first give his principal attention to the reform, without expecting a handsome salary, until his congregation is sufficiently large and wealthy to place him on an equality with his orthodox neighbors. And if that result cannot be attained during his own lifetime, by ten or twenty years of self-sacrifice, its attainment would be still farther postponed, if he should make immediate compensation the great end and object of his labors.

In making these remarks as to ultimate compensation for reformers, by pursuing a course of liberality at present, we do not mean to intimate that it will ever be desirable to return to the old standard of charges, or to abandon our liberal policy. On the contrary, we believe that cheap education is the tendency of the age, and in this respect, Eclectic reformers should be in the advance. The fees of medical schools might be raised a trifle, or stand as we have placed the fees of the Institute; but a liberal subscription among the friends of reform, by properly endowing the Institute, would relieve it from all expense, and give it additional attractions, while the great increase of numbers to be hereafter anticipated, would render even a moderate fee sufficiently remunerative.

It is not absolutely necessary that professional labor should be as well repaid in money, as the same amount of talent should be paid in pecuniary enterprises. The honor of a high position, and the pleasure which every mind experiences in the propagation of great truths, make an important part of the compensation of a teacher.

Whether the free school system will realize all our anticipations, remains to be seen. It is certainly progressing satisfactorily at present. It has not deterred or discouraged any gentleman of talent, from accepting or seeking a place in the Institute. It has not repelled any students from our halls, and while it has increased our annual matriculations about fifty per cent., notwithstanding several disadvantageous circumstances, we have no reason to doubt that it will be the most successful movement for the promotion of medical reform, which has yet been made.

And it must not be forgotten, that we are doing much for the popular diffusion of medical knowledge, and much to diminish the weight of the burdens of life, upon a class by whom they are most severely felt. Young men without means, struggling for an education, are certainly entitled to our heartiest sympathies. A slight addition to their pecuniary difficulties, will often be sufficient to repel them entirely from a professional career, in which they might have been public benefactors. Bright, generous-hearted, intelligent young men, are often the very ones whom pecuniary difficulties oppose and deter at the outset of life. The love of knowledge or of literature, is quite antagonistic to the love of money, and some of the brightest ornaments of the profession are never able to render it lucrative. Goldsmith was the son of a poor curate; he obtained his literary education by charity, and was nearly prevented by pecuniary difficulties from completing the study of medicine. Fielding, who undertook the study of the law, notwithstanding his unquestionable genius, was compelled by poverty to give it up. Literary biography is full of such examples. John Hunter, the most illustrious ornament of the medical profession, in his day, grew up a poor, ignorant young man—a poor cabinet maker; and as there was no free school to welcome him, he could not adopt the medical profession, which he desired, and was about to enlist in the army, when a private opportunity of studying medicine was offered him by his brother. We are persuaded that medical, like common school education, ought to be entirely free of expense, and that Eclectic reform should have the honor of making it free; and if the reformatory physicians of America would but give five or ten dollars each, per annum, for a series of years, they could secure this result. B.

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**PHYSIOLOGICAL AND SCIENTIFIC BOTANY:** being a Concise Treatise on Structural and Systematic Botanical Science, as adopted by Modern Botanists, Simplified and Carefully Arranged for the Use of Colleges and Private Students. By G. W. L. BICKLEY, M. D.: Professor of Therapeutics, Materia Medica, and Medical Botany, in the Eclectic Medical Institute of Cincinnati, Ohio—Author of History of Tazewell, etc. Cincinnati: R. S. & O. E. Newton, Publishers. 1853.

The appearance of this excellent work has completely filled a vacuum in literature, and especially in the department of Eclectic literature. Eclectic physicians everywhere, at all times acknowledge and contend that a correct knowledge of Botany is an essential part of a physician's education. As it has heretofore been taught (which has been only to a limited extent), the technicality incident to the science has rendered the study irksome, and in many instances the student has laid down his book in despair before its terminology has been mastered, and certainly before the beauties of the science have been comprehended. Botany without science is a chaos of beautiful confusion; but with arrangement and a simplification of terminology, or when taught inductively, no science affords subject for as much useful thought and so well calculated to develop the higher moral faculties as that of Botany.

In studying and applying the truths of Botanical science, we must commence as we would when about to enter upon a study of the human economy. Vegetables, like men, are organized beings; and if we expect to succeed in fully comprehending their nature, habits, etc., we must study the history of that organism with as much care as when investigating human anatomy. Plants being less perfect and complicated than man, it follows that an acquaintance with their several parts and their functions would be much easier acquired. In truth, the study of the vegetable kingdom is only a stepping-stone to the study of the mineral kingdom, for many of the individual organs in the vegetable assimilate in character to those of the human body.

Proceeding upon this ground, Prof. Bickley has compiled a book which enables the student to surmount with much ease the intricacies of this beautiful science, leading him on from step to step, simplifying and illustrating his subject as he proceeds, until, almost without consciousness of laborious study, the student finds himself master of the much dreaded technicality of Botany. The anatomy and physiology of plants are so graphically described, that few students would feel otherwise, after commencing the work, than to move on page after page until the work was finished.

Every thing has been given in a contracted space, actually necessary to enable the most perfect novice to master the science without a teacher's aid. The arrangements of the several parts are exceedingly natural, and reflect much credit on the capacity of the author to furnish the student of nature a key with which to unlock her mysteries.

Much matter has been given suited especially to medical students, who desire, or should desire, to be able to determine any particular respecting the virtues of a plant wherever and whenever seen. Upon a correct knowledge of Botany depends much the proficiency which the student will make in comprehending the value of articles in his *Materia Medica*, in the description of the articles of which much language purely botanical is found.

It is a pleasing reflection that the medical profession are lately turning so much attention to this subject, and it must be highly gratifying to all, that they have a work on which they may rely as a scientific text-book to guide them in their labors. The book before us is a royal octavo volume of 209 pps.; well bound in calf, and amply illustrated. The paper on which the work is printed is of the best quality, while the typographical appearance will compare favorably with any work yet issued from the American press. A few typographical errors which escaped the notice of the proof-reader, will be easily corrected by the peruser. The illustrations are of the finest quality—all lithographs, drawn from nature, and accurately colored. A very large plate, representing at one view nearly every form of leaf, enables the student to readily comprehend the technicality of leaves, and adds much to the value of the work. The sexual system of Linnæus is beautifully illustrated on two fine plates, as well as some eighteen of the most important medical plates, all of which are correctly described in every particular. There are also inserted in the work, synoptical views of both the natural and artificial systems, as well as some useful remarks on the respective merits of the two systems.

The elevated tone of the work may be inferred from the following passages :

It is but reasonable to suppose that some great truths, in connection with this subject, remain undeveloped. The character of many plants is almost totally unknown, or very imperfectly understood. Qualities as opposite as light and darkness are not unfrequently attributed to the same plant. Medical men in one country condemn a plant as highly poisonous, while another equally respectable class in another region are doubting the existence of any active principle in it whatever.

Then, it is plain, that our knowledge of the medical properties of plants is far from being all we could wish ; and as he will be the greatest donor to medical science who does most to develop the important relation between Vegetable Chemistry and Human Pathology and Physiology, we should not regret as useless any effort made to accomplish that object. That the diseased human system may be so influenced by the application of certain vegetable compounds, as to induce a normal action of its organs, is abundantly proven by late researches. And further, this action is more certainly induced by vegetables, with less deleterious results, finally, than by the application of mineral substances, insoluble, in many cases, by any chemical action which can take place in the human body. That, also, actions as rapid and energetic as can be borne with impunity by the healthy organs, may be produced by vegetable as well as by mineral compounds, none will deny, who are capable of judging. —*Preface*, pp. viii-ix.

Botanists regard all plants as belonging to one of the great natural divisions, viz : *flowering* (phanogamia), or *flowerless* plants (cryptogamia).

These divisions, so obviously distinct, have other characteristics equally as definite as regards structure. In flowering plants we find an abundance of woody and vascular tissue ; but in the flowerless plants, we find an abundant development of cellular tissue : hence these two great divisions might very properly be distinguished as *vascular* and *cellular* plants. There is another grand characteristic of the two divisions. The flowering plants have seeds, and spring from an embryo ; while the flowerless division have no seeds, any are perpetuated by certain indistinct minute particles (spores) : hence they might be distinguished as *seeding* and *non-seeding* plants. Still another distinction exists. In flowering plants we find a regular system of organs—the root, the stem, leaves and flowers, which are developed according to a regular and determinate plan. But in the non-flowering plants this plan is not seen, and we have single expansions of cellular tissue, alike devoid of symmetry and proportion, so that these two divisions of plants might very properly be called *regular* and *irregular* plants.—p. 43.

In order to arouse the passive vitality which slumbers in the seed, it is necessary that heat be brought to bear upon it, which may be supplied from without or from within. Water is also essential to soften the integuments, and to dissolve the nutriment which had been previously stored up in the albumen of the cotyledons. This moisture is furnished by the earth, which is saturated with rain and dew. Oxygen is necessary in the process of germination, to convert the starch into sugar ; a process which can not take place until carbonic acid has been formed and evolved. This is then furnished by water and air. Darkness, though not essential, is favorable to the development of the embryo. Since the young plant needs rather to discharge than to accumulate carbonic acid, which would result, if exposed to the light, it follows that seeds should always be buried in the soil. It is impossible to state for what length of time the seeds will retain their vitality under favorable circumstances. Fifty or one hundred years is not an unusual time ; and cases are upon record, of seeds having germinated and produced plants, which had been buried for more than fifteen hundred years !—p. 102.

It will have been observed by the student who has carefully perused the foregoing pages, that the proper office of vegetables seems to be, to appropriate to themselves inorganic substances, and digest, by chemical influences, the prime elements of the earth, and certain principles of the atmosphere, converting them into new compounds, capable of entering into the composition of organic matter; and that hence, as man can not appropriate to himself these elements, but through the food which he takes, he could not exist unless the earth was clothed with vegetation, capable of supporting animal life. Now, man is so organized, that he may appropriate to himself, directly from the vegetable world, everything necessary for the development of the tissues of his own body, or he may appropriate these elements, indirectly, from the consumption of animal substance, which had previously consumed the elements of nutrition from the vegetable kingdom. We find that man can and does perfect his organization, whether his food be composed directly of vegetable matter, or indirectly of the same matter, which in the first place had entered into the composition of flesh of other animals, upon which he feasts; and it seems to me that the controversies which have heretofore existed between dieteticians, is altogether superfluous, since whether man feeds upon animal flesh, or vegetable substances, the source of nutrition is exactly the same; in the one instance, he consumes the vegetable directly, and in the other, indirectly.—pp. 113-14.

The above examples afford an idea of the author's style, which may be said to be terse, scientific, simple, and natural. In short, it has seldom been our duty to notice a work in every respect so well calculated to give entire satisfaction. Prof. Bickley has made Botany the study of years, and his extensive peregrinations have enabled him to study it with many advantages. In order to facilitate the progress of Botanical information, Prof. Bickley's chair in the Eclectic Medical Institute has been made to embrace Medical Botany, which can not be studied with profit except by first acquiring such knowledge as is given in the work before us. Proper attention to the elements thus laid down, and the more extensive lectures delivered on the subject in the college, will enable the student to master the subject with ease. We bespeak for this work a wide-spread reputation, which we think it justly merits. N.

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THE NAME OF "OLD PHYSIC."—Those who have read the fierce, furious, and farcical review of Eclecticism by "Old Physic," may possibly feel some curiosity to know the name of this prodigious champion of Medical Orthodoxy. If we should judge from his brandy-smashing, gin-cocktail style of writing, we might suppose that he was really related to the Irishman of Leith, immortalized by Dr. Maginn, of whom he says:

"His NAME! it was a terrible name!  
Being Teddy O'Fagin O'Mullagin;  
And whin he had bawled himself lumpy and dry,  
He dthrinked himself right up, full again!"

It appears from a writer in the Louisville Varieties, whose communication was published some time since, that it is not Mr. O'Mullagin, but Mr. Dudley, to whom we are indebted for so choice a specimen of literature and refinement

The following is the article in the *Varieties*. Several other notices appeared about the same time in the Louisville papers, by no means complimentary to Old Physic :

**THE TRANSYLVANIA JOURNAL AND THE ECLECTIC SCHOOL.**—The last two numbers of the *Transylvania Journal* are mainly occupied by a scurrilous attack upon the Eclectic doctrines, practice and practitioners, which, in respect to its malignity, vulgarity, obscenity, and buffoonery, transcends anything which we have ever seen in any medical journal. We did not suppose that its editors would have permitted such a pollution of its pages, or that the Professors of the Kentucky School of Medicine would have tolerated such a production in a periodical representing their school before the public, for the character of which they will be held responsible.

The writer of this filthy production, probably, supposed that he would escape notice, for the same reason that chimney-sweeps are seldom pursued by gentlemen ; but, unless some one shall volunteer to act as a police officer, in chastising and expelling a filthy intruder from the temple of medical literature, the dignity and decency of the temple will soon be gone.

The filthy vulgarity of the article in question, so far transcends all precedent, that we fear our readers will not believe (without extensive quotations) the truth of our assertion. But, in a respectable newspaper, the language of the *Transylvania Journal of Medicine* could not be quoted, without insulting every respectable family into which this number may be sent.

The writer, undoubtedly, belongs to the medical profession ; but it is evident that nature has fitted him to gain much more renown in three other more congenial occupations—those of the editor of a *Police Gazette*, the leading clown of a circus, and the pot-house politician, who enlivens the *b'hoys* with obscene ribaldry against political opponents. So fierce and so coarse an attack upon persons and parties, never occurs without peculiar motives of a selfish and personal nature. These motives can be readily understood, by reference to the true name of the author of this vulgar tirade. That name is the name of a hopeful young gentleman, who, to compare small matters with great, glories, like Louis Napoleon, in the fact that he is the "*nephew of his uncle*"; and, as Louis Napoleon hates the English, who gave his uncle a Waterloo defeat, so does Ethelbert snap and growl at the Eclectics, who have given a Waterloo defeat to "*Uncle Ben*," in treating successfully the surgical cases which he had pronounced incurable—the names and localities of which cases are at the service of any gentleman who wishes for further information.

As for the individuals whom Ethelbert has attacked with all the power of his mud-throwing apparatus, their sense of the ludicrous and ridiculous, will prevent their being very deeply disturbed by his attack ; but as to the public and gentlemen of the medical profession, whom he is endeavoring to dupe for selfish and mercenary purposes, we think it a duty to detail and expose some of his unprofessional slanders, by the simple statement of the truth.

1. E. (nephew) Dudley says in substance, that those who resort to the Eclectic Medical Institute of Cincinnati, pay little or nothing for tuition, and get little or nothing in return. This does not express the opinion of those most competent to judge from personal knowledge. The institute has been attended by a considerable number of students from the most celebrated medical schools of the United States, and their expressions have been remarkably unanimous as to the superior value of a course of instruction in the institute. A majority of all the students in the four schools of Cincinnati, amounting to more than four hundred, are at present students of the institute ; and this pre-eminence of the Institute does not depend upon the mere fact that its professors have laid aside their professional fees ; for while the Institute charged the ordinary prices of other medical schools, it had for several years the largest class in Cincinnati, notwithstanding the disadvantage that the class of the in-

stitute was excluded from the hospital. At the present time, as the faculty have just established a hospital of their own, in which they will give instructions during the spring session, the probability is that the class of the institute will soon rival that of the University of Pennsylvania, and the Jefferson Medical College.

These results are due to the energy, talents, and reputation of the professors. There is not a medical college in America in which the professors labor more diligently or the students receive greater amount of instruction in each of the seven departments.

Dr. D. insinuates that the institute aims principally to furnish diplomas abundantly to half educated students. To this accusation the records of the institute give the lie. The regulations as to graduation are the same as those of the majority of respectable schools in the United States, and the practice under those regulations better. In proportion to the amount of instruction, or the number of pupils, there are few, if any medical colleges in our country which do not furnish a greater number of diplomas, and graduate with less regard to study and attainments.

Dr. D. doubts the immense superiority of the Eclectic practice. Had he a little more honesty and a little less of the medical demagogue, he might easily be satisfied. Gentlemen whose practice exhibits a great rate of mortality, are very apt to deny that others can do any better than themselves, and to express a great contempt for *medical statistics*. But it is very easy to ascertain whether such a physician attended a certain case, and whether *the patient lived or died* under his treatment. It is established by authentic report that the mortality of the Eclectic practice in cholera, in Cincinnati, was less than five per cent., and that in the ordinary course of Eclectic practice, the mortality does not rise as high as two per cent. Upon this subject Eclectics have always been ready to meet the test of critical examination. And while the practice produces such results, because more philosophical and judicious than other systems, the party and the school can well afford to smile at the preurient vulgarity of a young *nephew to his uncle*, who thrusts himself forward, as a popinjay critic, to sneer at what he does not comprehend, and to defile, with vulgar language, whatever stands opposed to his own interests; while his older associates hold themselves above participation in a species of slang degrading to a physician and disgraceful to any one who claims to be a *gentleman*.

No medical school of equal age is more firmly sustained in the affection and admiration of its *alumni*, who look to the Institute as the source of a great and beneficial impulse to the healing art. Slanderers may delude for a time those who know nothing of this great American school, but the works upon medical science now in preparation by the faculty, will soon place within the reach of all, the evidences of their scientific position—a position among the scientific benefactors of mankind far beyond the reach of scurrilous medical demagogues, who labor to introduce vulgar slang and personal hostility into the peaceful pursuits of a benevolent profession.

The medical professor and demagogue, who knows that investigation would be fatal to his pretensions, cannot be expected to do otherwise than to raise a vulgar clamor with a view of preventing investigation, and exciting a prejudice or disgust against truths which he cannot logically meet and dare not encounter.

If the editor of the Transylvania Journal dare open his pages and allow to the friends of medical progress and reform only ONE FOURTH OF THE space which he has occupied by their abuse, we promise to prostrate upon his back every decent assailant who may enter the arena, and even (if no nobler gain can be found) to demolish "Old Physic" or Nephew Dudley, in a manner satisfactory at least to the spectators, even if it be not particularly pleasant to himself.

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THE  
ECLECTIC MEDICAL JOURNAL.

JUNE, 1853.

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PART I.—ORIGINAL COMMUNICATIONS.

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A CLINICAL LECTURE ON LARYNGITIS,

Delivered by Prof. R. S. NEWTON, at Newton's Clinical Institute, May  
3d, 1853, (and being a portion of the forthcoming work.)

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INTRODUCTION.—LARYNGITIS—*Acute Laryngitis, Mucous Laryngitis, Sub-Mucous Laryngitis, Diagnosis, Treatment.*—PSEUDO MEMBRANOUS LARYNGITIS—*Croup, Diagnosis, Prognosis, Treatment.*—SPASMODIC LARYNGITIS—*False Croup, Catarrhal Croup, Exciting Cause, Diagnosis, Prognosis, Treatment.*

IN entering upon the consideration of the respiratory forms of disease, we shall find death equally urgent in his demands, and perhaps no less successful in his enterprises, but we shall have a little less doubt and uncertainty in arriving at a correct diagnosis and prognosis—we shall feel that we are more in the path of science than in that of uncertainty and hypothesis.

We shall find, in our course, many occasions to lament that our predecessors have been so disobedient to the organic laws, as to have made it necessary that so much life must, in defiance of our skill, be wasted through the imperfection of the respiratory apparatus; and when we contemplate the immediate indispensability of a faithful and prompt performance of the functions of this class to the continuance of life, we should not feel surprised, that if exceedingly few of a faulty organization should be spared.

In these reflections, furthermore, we may find some excuse for ourselves—some consolation, that the fatality depends more upon the necessity of the function and imperfection of the apparatus, than upon any relative deficiency of professional ability.

The great cause of infant mortality must not, and should not, be sought in the normal peculiarities of infantile organization, as has



been done, more or less, by all writers, or their manifestations of disease, but in those imperfections of organization which were entailed on them, and in consequence of which they become, to an extent, more or less, non-viable.

This is not all; many peculiarities incidental to the infantile functions, are referred, by different writers, to different abnormal conditions, and consequently, an error of this kind may lead to errors of pathology and practice. Every physician should, therefore, study in the infants themselves, the normal peculiarities of their functions. This duty will become apparent before we conclude these introductory remarks.

The respiratory apparatus of infants is as indispensable to them at birth, as it ever will be, and yet between its functions in infancy and in adolescence there are some very strong points of difference, which claim our attention in this place, rather than in any other.

If we take seventy-five pulsations and twelve respirations, per minute, as representing the normal standard of the pulmonary and circulatory actions in adults, which probably is very nearly correct, and thirty-nine respirations and one hundred and two, as the normal motions of the same apparatus in children a week old, we shall discover in them, respectively, a remarkable difference, and one which will greatly deceive us, if we attempt to draw from them, *a priori*, conclusions in respect to any of the known results of respiration.

It is, for instance, well known that the respiratory function is indispensable to the calorific function, and that it is usual for a rapid respiration and circulation to produce an increase of temperature, and yet the temperature of an infant is much below that of an adult.

If we were to admit as true, a common impression, that infants have a sort of double duty to perform—to provide for their daily waste—to eliminate this waste in the form of effete matter, and also to build up their systems and repair the waste—we say, upon the admission of this proposition, we might contend for a double portion of function in the respiratory and circulatory apparatus; but while it is true that they perform one duty from which adults are exempt—the building up of the system—yet it is not true that they do as much in the repairment of waste.

In infancy, there is very little waste in the animal system, all of the emotional and intellectual portions of the brain are almost or wholly idle, and the same is nearly as true of the locomotive—producing scarcely any waste. In their digestive system, there is, relatively, less waste, because their food is already assimilated to their purpose. Their whole duty, then, is scarcely equivalent, indeed it is not equal, to the adult repairment of waste. In harmony with these conclusions we will find the results of their respiratory and circulatory functions.

Although infants breathe much more frequently than adults, they

generate much less animal heat. The explanation of this we do not think so difficult as it has appeared to some writers on this subject. Men of active habits have usually an abundance of animal heat, and the activity of their habits occasions much waste. Now, if we contemplate the amount of oxygen requisite for the elimination of the effete matter, and for the supply of the daily waste, we shall discover an ample source of their animal heat; but in infancy, there is but little waste, and of course there is not much effete matter to be eliminated; now, if we include these two processes with that of building up, we shall not have an amount of demand for oxygen in the infant, equal, *ceteris paribus*, to that of the adult. This is not the end of the argument: the adult receives, as ingesta, more carbon and hydrogen, than the infant, and yet, by the aid of the respiratory function, he, as a general fact, uses it in the production of animal heat; but the infant, notwithstanding its rapid respiration, cannot use, for this purpose, the little it receives, but stores it away in the adipose tissue. How shall we account for this? We will give our explanation of it presently.

It is now an ascertained fact, that the amount of carbonic acid evolved at each expiration is diminished in the ratio of its increased frequency; consequently the conclusion is authorized, that we cannot compute the quantity of the pulmonary function by the activity of the respiratory movements; then, what is gained by the activity of the respiratory apparatus in infants, and wherefore the necessity of it? These are the questions we have now to answer.

In the outset of this inquiry, it must be remembered that the infant manifests very few animal functions; and these few are, comparatively, of but little importance to it; from this fact, it is to be inferred that that portion of the brain which was intended to preside over the animal functions is not in a condition to discharge its assigned duty, and will not be until the functions that constitute the duty shall be required—that its power of volition is exceedingly feeble.

In the next place, we must consider the respiratory function as being, in a measure, when perfect, an animal or voluntary one. Highly concerned in this function are a great number of the voluntary muscles, and to the respiratory apparatus, as a whole, are sent many of the animal nerves. In the last place, the infantile lungs are of a pale red color—not the color of mature, adult, or perfect lungs.

The conclusions that appear to be justified by the preceding facts, are these: 1. The lungs being imperfectly developed are incapable of appropriating to the use of the system all the oxygen that may enter them at any given moment. 2. The incapacity of infants for volition renders them unable to bring to the aid of this function the many muscles which were intended to aid it at a future period; because of this imperfection, the chest or thorax is

never, ordinarily or voluntarily, fully expanded. 3. The preceding difficulties create a necessity for rapid respiratory movements, that is, rapid under the necessities of the case, to obtain that oxygenation of the blood which both health and development require.

The above conclusions are, it would seem, more satisfactory than those presented to us by Dr. West, who says: "There seems good reason for believing that the rapid breathing of the child is to some extent the result of its more delicate frame, rendering it unable, at a single effort, to inspire as deeply as the more robust adult, so that it is compelled, by the frequent repetition of its efforts, to make up for their comparative feebleness."

We do not like this language—it seems to convey the idea that the infant is not as well adapted to its mode of being as the adult is, which we can never admit. A healthy child is, vitally just as strong as a healthy man—it can resist disease as well, and is as well adapted to its age. As their lungs are not fully developed, and therefore might be injured by extensive impressions of atmospheric air, and as their functions do not require that high state of oxygenation that is indispensable to the mental functions, the full expansion of their lungs is not required. For some time after birth, they appear to exist, in some measure, in conformity with the laws that governed their intra-uterine existence. This conclusion is sustained by the imperfect condition of their lungs, and the low state of their temperature.

In adult life, the voluntary portion of the respiratory function, by long practice, becomes habitual and unconscious, as do many of the voluntary functions. That this is not the case in infancy, may be clearly inferred from their manner of breathing, which is intermittent or by pauses. Dr. West regards this manner of breathing as "another token of the feebleness of the respiratory power." "This respiration," he says, "is almost entirely abdominal; the chest moves but little and its walls are but little expanded." These facts do not support his idea of feebleness, but our conclusion, that the child has no power over the voluntary muscles, for if it had, the chest would both move and expand.

In the investigation of the morbid manifestations of the several parts involved in the respiratory function, we shall find it to be our duty, frequently, to add physiological remarks for the elucidation of symptoms or pathological conditions—therefore we will now close these general considerations.

**LARYNGITIS—*Acute Laryngitis.*** There is, among writers, considerable variety of opinion upon the subject before us, and after bestowing upon it considerable attention, it seems to us that Prof. Wood has manifested the clearest discrimination; and therefore, we adopt his divisions of it. Under the above head, he has three varieties: 1. Mucous Laryngitis; 2. Sub-mucous Laryngitis; 3.

**Pseudo-membranous Laryngitis**—to which we have added, Spasmodic Laryngitis.

**Mucous Laryngitis.**—This is an erythematic inflammation of the mucous membrane of the larynx, which, though of frequent occurrence among infants, is much more frequently met with in children of a more advanced age; but no age is exempt from it. It sometimes exists alone, but frequently follows coryza, and frequently arises in the course of scarlatina, variola, etc.. It is not uncommon for it to descend and involve the trachea and bronchia, but more frequently extends upward to the fauces, and sometimes invades all. We usually find, by looking into the fauces, the velum, uvula, and fauces to be somewhat red.

The progress of this disease is usually rapid, but its symptoms are frequently obscure at first; the patient, however, will always be found manifesting more irritability and restlessness than would be expected from the existing signs of disease.

In infancy, the cry is sufficient to diagnose the disease when it is violent. It is frequently so faint as scarcely to be heard, while the reprise is, on the contrary, acute and predominant. This inflammation, even in its mildest form, is attended with an abundant secretion of mucus, which at first is clear and thin, but it soon becomes thick and yellow.

When the child sleeps, a quantity of mucus is apt to accumulate in the larynx, which may cause it to wake with a sudden start and threatened suffocation; it coughs, makes an attempt to cry, but can not do it, until after a powerful effort, which dislodges the mucus that obstructs the passage to the glottis. Although the air passage is very narrow, it is scarcely probable that an inflammation of the mucous membrane of the larynx could close it up so as to produce asphyxia; but, that tough mucus may so collect or accumulate in the larynx, as to produce such a result, is very probable. Asphyxia is produced by one cause or the other.

In the *post mortem* examinations of such asphyxied cases as we have been able to find of this disease, we have not found that the asphyxia was caused by tumefaction of the mucous or sub-mucous tissue; we infer, therefore, that it resulted from an accumulation of mucus.

This disease is frequently so mild as to attract but little attention, and even this mild form of it, in adults, is apt to destroy all audible voice; a whisper is the loudest sound the patient can make; in infants, the cry may be similarly affected. But the helplessness of infants renders the disease, however mild, dangerous to them, because of the mucous accumulations, which they can not readily throw off—it is then, always dangerous to them.

Some degree of fever usually attends this disease, and it may appear simultaneously with the other symptoms, or not until they have appeared. It usually runs its course in five or six days,

terminating in resolution—the secretion of mucus, or it may pass into the chronic state.

II. *Sub-mucous Laryngitis*.—This is said to be the disease of which General Washington died. This circumstance not only distinguishes it, but gives it, almost, a diagnostic character.

Sub-mucous laryngitis is thought to be more common to adults than to children; and furthermore, it is thought to be only a violent stage of the mucous or erythematic variety. Some of the symptoms; such, for example, as commencing with a chill, which is followed by fever, attended with alternating sensations of chilliness and heat, would seem to indicate a disease of a more extensive invasion and consequently of more danger.

That an erythematic inflammation can be mild or violent, is not a matter of doubt, but when it leaves its proper residence, the surface, and seizes upon a sub-tissue, it is no longer the same form of disease; consequently, if the sub-mucous tissue of the larynx constitute a part of this affection, it is not simply an inflammation of the mucous surface, though it may have been originally. We do, then, regard this as an essentially different form of disease, although an observance of the distinction may be of no diagnostic or therapeutic importance.

That there is not more than one or two per centum of fatal cases in the previous disease, is very probable, and if there be less than fifty in this, it is not so violent as we think it to be. We speak with reference to that kind of practice which General Washington had the misfortune to have. Many of the cases supposed to be of the previous variety, which terminated fatally, may really have passed into this, and effected the mischief; but to us, it is more probable that laryngeal accumulations of mucus did the mischief, because both varieties appear to maintain an independent consistency from beginning to end. In the treatment of infants, there must generally exist more or less of doubt, because, as they can not communicate their feelings and sufferings, the means of a clear diagnosis must be greatly reduced.

If the patient be old enough to communicate his feelings, among the first symptoms of which he will complain, is sore throat—difficult and painful deglutition—and it should be remembered that this symptom should always excite alarm, unless we are satisfied that the inflamed condition of the fauces is sufficient to explain the full extent of the symptom, which it can not do, when it is occasioned, mostly, by an inflammation of the epiglottis.

The function of expiration is perhaps always easy, but that of inspiration is exceedingly painful and difficult, because of the inflamed and swollen condition of the membrane of the glottis, which causes it to close against the entrance of the air, consequently the acts of inspiration are greatly prolonged and attended with a whistling, wheezing sound, as though the air was drawn through a reed.

When the air passage is very narrow, as it usually is with infants, it is not unfrequent, and it sometimes happens to adults, that the tu nefaction of the mucous and sub-mucous tissues may produce suffocation, and then we have added to the phenomena which usually follow such an event, the facial expression of great pain and suffering.

Vomiting very seldom attends this disease, but as the child sucks badly, it sometimes happens that at the moment of deglutition, the pain occasioned by the movement of the pharynx, will induce it to quit the breast and suddenly to cry, which will cause the fluid, in the cesophagus, to reflow toward the mouth, and in this movement of it, a little may enter the larynx and cause a sudden, suffocating cough, that may greatly endanger the patient. Accumulations of mucus in the larynx may take place during sleep, and produce similar results.

In this disease, the epiglottis sometimes becomes so inflamed and swollen as to become incapable of a normal adaptation to the glottis, whereby particles of substances, in the process of deglutition, obtain access to the larynx, and produce intense irritation, which is succeeded by paroxysmal coughing and a painful difficulty of breathing.

In this stage of the disease, the child is exceedingly restless and distressed, never able to sleep but a few minutes at a time, so urgent are the demands for fresh air; its system begins to show signs of insufficient oxygenation—the surface becomes cool; the pulse becomes small, frequent, and feeble; the lips bluish; the face livid, and, in the respiratory efforts, the shoulders rise, the chest heaves, the skin becomes covered with a clammy, cold sweat, and then succeeds delirium, coma, and death.

But death does not always come on thus gradually—life is sometimes suddenly arrested by a complete closure of the air passage to the windpipe; but without this event, so rapid is the course of the disease sometimes, that death may supervene at any time between seven or eight hours and three or four days; and yet, when the attack is mild and slowly progressive, it may continue three or four weeks, and then terminate in death, in resolution. in the chronic form, or by serous effusion into the sub-mucous tissue, and thus death may result from a recuperative process of the system, and it may not—depending entirely upon the extent of the effusion.

Cases have been witnessed, in very feeble infants, of an cedematous affection of the throat, in which the only marked symptom of laryngitis was the cry, the debility being, as was supposed, too great to produce the inflammatory symptoms to an appreciable extent. But in these cases of cedematous laryngitis, cedema was found to obtain on various parts of the body.

*Diagnosis*—Constitutional results, resembling those of laryngitis, do sometimes attend manifestations of disease in the chest; but still, we cannot consider it as scarcely possible that either can be

mistaken for the other. The seat of the pain, the change of voice, and the peculiar cough should always distinguish laryngitis from pectoral affections.

*Treatment.*—The treatment of the mucous and sub-mucous forms of laryngitis will be similar; it should be commenced with a mild emetic, as the compound Tincture of Lobelia; after which, some slightly stimulating liniment should be applied to the neck and throat, two or three times a day, followed by the application of cloths wet with warm water, or a warm fomentation of Hops and Mullen leaves, around throat. The feet and legs should be placed in a vessel of warm lye-water for ten or fifteen minutes, and which may be repeated daily, or even twice a day. Expectorants must be administered, such as the Compound Tincture of Lobelia, in small doses, repeated several times a day; or,

R. Syrup of Squills,  
Syrup of Senega, aa ʒj,  
Camphorated Tinct. of Opium, ʒij,  
Tinct. of Lobelia, ʒj. Mix.

Of this, ten or fifteen drops may be given to a child five years of age, and repeated three or four times a day.

When children are sufficiently advanced in years to inhale vapor, the warm vapor of vinegar should be inhaled several times a day. The bowels should be kept open by laxatives, and if there be much febrile disturbance, the Compound Tincture of Virginia Snakeroot may be given in sufficient doses to maintain moderate diaphoresis, with warm diaphoretic infusions. Mustard plasters to the feet should not be omitted.

When these two forms of disease become more active, and consequently more serious, they demand a prompt and energetic course—the emetic may be repeated daily for several days; diaphoresis should be constantly kept up, and some rubefacient applied to the back of the neck and between the shoulders.

The room should be kept warm, being careful not to allow a current of cool air to pass over the patient, and the diet should be extremely meager.

In the case of adults, the only variation in treatment is in the adaptation of the doses, the more active medication, and the use of a gargle composed of an infusion of equal parts of Hydrastis Canadensis, Myrica Cerifera, and common salt, to half a pint of which may be added a drachm of black pepper, and two ounces of vinegar; the throat may be gargled with this four or five times a day.

After the severe inflammatory symptoms have subsided, leaving a troublesome cough, with irritation of the fauces, glottis, etc., the following compound will prove very beneficial:

R. Saturated Solution of Alum,  
Syrup of Balsam Tolu, aa ʒij,  
Camphorated Tinct. of Opium, ʒj. Mix.

An adult may take a tablespoonful of this compound several times

a day, especially when the cough is very troublesome; children may use it in doses proportioned to their ages.

III. PSEUDO-MEMBRANOUS LARYNGITIS.—In commencing the consideration of this form of disease, we have found ourselves considerably perplexed by the widely different opinions which are entertained by different writers. Dr. Cullen locates the disease in the trachea or windpipe, and Dr. Watson follows him; Dr. Billard and Prof. Wood locate it in both the larynx and the trachea; Rilliet and Borthes locate it in the larynx, and Dr. West locates it in either or both of these organs, and says, that “the chief morbid appearances are always discovered in the trachea, and air-tubes.” In treating of the *post mortem* appearance presented in this disease, he says:

“In cases of croup that have come under my observation, the formation of false membrane in the larynx has seemed almost invariably to precede its deposit in the trachea.”

It has been our conviction, since being a student of medicine, having at that time a special motive for an investigation of it, that it is essentially a disease of the larynx, but it may, and probably does, very generally, involve the trachea, and may even extend to the bronchia. Prof. Wood very properly remarks:

“Croup is not essentially an inflammation of the trachea; it may exist without disease in that portion of the respiratory passage, and inflammation of the trachea often takes place in infants, as in their catarrhal affections, but the same is not true of the larynx, without producing the symptoms of croup. The complaint may be confined to the larynx, though it generally embraces also the trachea, and not unfrequently extends deeply into the bronchial tubes. It may, therefore, occupy one or several divisions of the respiratory passages. If any one part is necessarily affected, it is the larynx; for a case would scarcely come under the designation of croup, in which this organ should not be disordered, at least in its functions.”

If an inflammation of the trachea cannot produce the symptoms of croup, then an inflammation of that tube is not a necessary part of the disease; but if an inflammation of the larynx does produce the symptoms of croup, the croup is laryngitis—therefore, it appears to us a great want of philosophical accuracy to include the trachea in the definition of the disease.

In the above extracts, the professor has, and he has not, made an inflammation of the trachea necessary to the disease. His definition of the disease, which follows, when deprived of the italicised words, will be correct:

“Croup may be defined to be a disease, in which inflammation or high vascular irritation of the laryngeal or *laryngotracheal* mucous membrane, is combined with spasm of the interior muscles of the larynx, giving rise to peculiar modifications of voice, cough and respiration.”

Notwithstanding our disposition to regard croup as a laryngeal affection, and notwithstanding that we find ourselves, in this respect,



to be in harmony with the weight of the profession, more especially if numbers can give weight, yet we are disposed to confess, that there are some circumstances which favor the opinion of Cullen, which has been adopted by Prof. Watson—the first is an exemption from pain in deglutition, and a second is, there does not appear to be spasmodic action enough for it to be a laryngeal disease. With such authority, however, as that of Relliet and Berthez, to say nothing of others, we may feel pretty safe in the conclusion to which our investigations and observations have drawn us.

As there is, perhaps, no disease that has given the profession more trouble than this, and as it is one which is attended with great fatality, we will be excused for having devoted so much attention to the precise and definite location of it. Without precision of idea there can be no precision in practice.

But our trouble is not yet concluded. There is another form of disease, or a modification of one, or, at all events, another set of symptoms, which are vulgarly and professionally mistaken for croup, but which is not the same as that above defined, and like croup, its precise location or character has not been agreed upon, by medical writers; some regard it as an inflammation of the trachea, but more generally it is treated as an affection of the larynx. It is designated by several names, as, spasmodic laryngitis, stridulous laryngitis, stridulous angina, false croup, and by Prof. Wood, catarrhal croup, to distinguish it from true croup, or pseudo-membranous croup. As neither of the other names is calculated to keep us clear of confusion, it is best, we think, to adopt his names. Spasmodic laryngitis may be confounded with the other, as both are attended with spasms, and so, also, of the other symptoms. With these remarks we return to the consideration of pseudo-membranous croup, or laryngitis.

Croup is an inflammation, essentially of the larynx, but it may extend through the trachea, and even into the bronchia, and according to some writers, even into the bronchial cells. It is attended by the rapid formation of a pellicular concretion, which is spread over the walls of the larynx, and, in some cases, lines the trachea and extends into the bronchia. Before the production of this pseudo or pellicular membrane, the mucous membrane is always much inflamed, red, and gorged with blood; the sub-mucous tissue also participates in the injection, and when the inflamed membrane is at the same time the seat of sanguineous exhalation, this exhalation is seen to be accompanied, or followed, by the concretion before named.

From these circumstances, it may be inferred, that croup is a catarrhal inflammation, or holds some striking affinities with it, and the blood, normally destined for mucous secretion, becomes plastic by the inflammation, and thereby imparts to the mucous, a portion of its fibrin, and hence, by concretion, comes the pseudo-membrane that distinguishes this modification of disease.

Upon the general features and manifestations of this disease, the

profession are pretty well agreed, but in many circumstances related to it, there is considerable contrariety of opinion, which, perhaps, is entirely referable to the difference of topography, latitude, telluric, and atmospheric conditions. All agree that it is not a disease incidental to the earliest periods of life, and yet, essentially a disease of youth, or early life, most frequently occurring between the ages of two and five years, sometimes younger, sometimes older, and among adults in the ratio of about one-tenth of one per cent.

In the commencement, the symptoms are precisely like those of catarrhal croup, and so they continue, until the voice begins to become whispering and the cough husky; up to this time, it is possible that there is only an engorgement of the respiratory passages, with a high state of irritation—the existence of inflammation is barely possible, at all events, no exudation has taken place. If the disease do not begin in the larynx, the introductory cough may, in no wise, differ from a common catarrhal one, and the voice may be equally of the same character; but after a while, the voice sinks to a whisper and no efforts of the patient can raise it; from sonorousness it becomes husky and apparently stifled in the throat, and appears in paroxysms:—following the cough, the inspirations are short and whistling.

Sometimes the disease begins in the bronchia, and then the introductory symptoms are those of bronchitis; sometimes its outset is in or about the fauces, and then the symptoms are catarrhal, and attended with sore throat and more or less painful deglutition, hoarseness being the first indication of an invasion of the larynx.\*

But no matter where the disease began, the breathing at length becomes labored, and sounds as though it was passing through a contracted and unyielding aperture.

All audible voice now becomes extinct, and any effort to speak produces paroxysms of a low and smothered cough, with pain in the throat and superior portion of the thorax; an anxious expression of impending suffocation covers the face; the disposition is restless; the features are swollen and darkened, the breathing very difficult, and the extremities cold. Sooner or later the paroxysm relaxes—the patient obtains some rest; but before his wearied system becomes refreshed, he is roused by another paroxysm of, probably, increased violence—the respiration is hurried to three or four times its normal standard.

Sooner or later in the disease, febrile action sets in, and always in the ratio of the other symptoms; sometimes it appears at the very onset, and runs high.

Between this disease and laryngitis, proper, there is this analogy:

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\*It is said that the colds or catarrhs of children are never attended with hoarseness. If this be true, and we believe that Cheyne is the authority, parents should give particular attention to it—it will give them a timely admonition of the impending danger.

both run their course rapidly, proving fatal sometimes in twenty-four hours, but more frequently in forty-eight; and then, again, it may continue five or six days. Dr. Cragie states, that whether fatal or favorable in its termination, it is never protracted beyond the eleventh day.

Upon the event of a favorable turn in the disease, the cough changes and sounds like something had become loose in the trachea, and with this change there is a general mitigation of all the symptoms; the coughing brings up viscid mucus, sometimes patches, strips, and even tubes of the pseudo-membranous concretion. Finally, this membranous matter is either absorbed or discharged, and the patient recovers.

But, on the contrary, should no change have been manifested for the better, the sonorous and wheezing respiration will become so increased as to be heard to a considerable distance—every muscle that can aid the respiratory function is brought into requisition, the arms are spread asunder, the head is thrown back, the nostrils are extended, the chest drawn up, and the facial expression tells that it is all for breath—every expression of agony is impressed upon it, and it is manifested through every muscle of the chest and neck—the skin becomes cold and clammy, the pulse increases in quickness and feebleness, the lips become livid, the face cold and pale, the brain, not being reinforced by properly oxygenized blood, ceases to superintend the struggles for relief, and the curtain of stupor or drowsiness drops before the scene, or it rallies the remaining elements of life into a last effort which results in convulsions and death.

It is not, however, always the case that the patient is permitted to struggle while there is strength, for life is frequently cut short by suffocation.

When the cry is so changed that the reprise portion of it can only be heard, and when, heard, it is acute and sudden, like the crowing of a young cock, and when the voice is lost, we may safely conclude that croup is present; but we cannot have an absolute certainty of it, until we see detached portions of the false membrane thrown up by expectoration.

*Causes.*—Croup is much more common to northern than to temperate and southern latitudes—much more common in dry, cold weather, with northern winds, than in any other; more common to a sea coast, lake, or river situation than to interior ones.

It is now generally admitted, that not less than one-half of all the cases which obtain in cold latitudes, terminate fatally.

In this country, it obtains, but not frequently, and its fatality is not much less than it is in higher latitudes. The cases here, which are generally called, treated, and saved, as croup, are of the catarrhal variety. When croup does occur here, or further south, it is usually during the prevalence of northern winds and storms.

This disorder is not contagious, but in some situations it is reported to be endemic; its attacks are generally in the night, and

during the one immediately succeeding the exposure of the patient to cold weather, insufficiently protected. Dr. Alison says, that it seems to be, not unfrequently, produced by the child's sitting or sleeping in a wet room.

In some families there seems to prevail a sort of croup diathesis, as it is common for many or all of the children to have it as they arrive at the proper age. It is also more frequently met with in males than females, and with sanguine lymphatic, sanguine-bilious lymphatic, and sanguine encephalo-lymphatic temperaments than others.

*Diagnosis.*—Spasmodic, cerebral, or catarrhal laryngitis or croup, is the only form of disease with which pseudo-membranous laryngitis or croup can be confounded, and between these the diagnosis is so well marked that such a mistake should never be committed. This form of disease comes on slowly, more or less like a common catarrh; that, the spasmodic, attacks suddenly, and is but rarely, if ever, preceded by catarrhal symptoms. The former may appear suddenly in some instances, but then its character is so essentially febrile, while the latter is not, that they need not to be confounded.

Febrile intermissions never attend the former, except occasionally after vomiting; but complete intermissions do attend the latter—remissions only characterize the former. The stridulous sound of the cough and inspiration so peculiar to the former, is absent in the spasmodic form. In the former, the pulse is excited and irritated, generally quick, tense, frequent, and full, with an increased or febrile elevation of the cutaneous temperature; but, in the latter, the pulse is small and contracted, and the cutaneous temperature continues natural.

*Prognosis.*—This form of croup is always to be regarded as dangerous, and the extent of the danger is always indicated by the violence of the inflammation;—its danger, furthermore, as a general fact, is in proportion to the suddenness of the attack.

At one time a majority of the cases of this form of croup terminated fatally—it is still attended with much fatality, and necessarily must be so long as fever and inflammation are treated as forms of disease—so long as the idea of sustaining vital energies consist in breaking them down by bleeding and purging.

*Treatment.*—Bleeding, puking, and purging, with calomel, constitute the usual practice in this form of disease—and this, at one time, was our practice—we have given large doses of calomel to a child a year old, and sometimes we approved of the results so much that we abandoned the practice with much caution, fearing that we could not do better; long since, we rejoice, however, we not only abandoned the practice, but also the principle on which it is founded.

We are required, in aiding nature in this form of disease, to relax the constricted or spasmed organs—the skin is in this condition, as indicated by its heated and febrile condition. In the

second place, we are required to strengthen the debilitated organs, which are the larynx and probably the trachea, for otherwise, they would not have become the seat of obstruction or disease, and as a proof of the fact, they are highly excited and labor under an excessive action.

To meet the first indication, an emetic should be promptly administered, and which should be as promptly repeated, as often as the peculiar croupy inspiration occurs; and the most efficacious articles that can be used for this purpose, are the Compound Tincture of Lobelia, or the Acetous Emetic Tincture. After having produced free emesis, either of these tinctures must be continued in doses sufficient to produce expectoration, and in severe cases, even nausea. Hot water should be applied to the throat constantly, and the skin should be thoroughly cleansed, and as far as possible relaxed by the warm lye-wash.

In the meantime, or as soon as some cutaneous relaxation shall have been effected, the second indication should be attended to. For this purpose, Cayenne or Mustard poultices should be applied to the extremities and the neck, or as near to the weakened parts as possible. For this latter purpose, various poultices have been recommended; we knew an intelligent gentleman who regarded a poultice of roasted onions as an infallible remedy. Dr. John D. Goodman, says Dr. Gunn, regards dry Scotch snuff, sprinkled on a plaster (which may consist of a piece of greased linen, or it may be sprinkled over the face of any poultice,) as a reliable remedy.

We think it very probable that the roasted onions have been very useful in some cases, and that Scotch snuff may have been so in others, but we are far from being able to regard any one application as being uniformly infallible. One drop of the Oil of Stillingia, placed upon the tongue, has in the practice of several Eclectic physicians, as well as in our own, rendered immediate relief, and ultimately, by its repetition, cured cases of this disease, which had absolutely resisted all previous treatment, and the cases were supposed beyond the influence of medication—thus fulfilling all the indications claimed to be produced by the employment of calomel at the hands of the old school physicians. We have, also, found it beneficial, when applied externally, in the form of a liniment:

R. Oil of Stillingia, ʒj,  
Oil of Lobelia, ʒij,  
Alcohol, ʒiij. Mix.

The throat, neck and chest must be bathed with this three or four times a day; and after each application, a fomentation should be applied, composed of two parts of Hops, one part of Lobelia, with equal parts of vinegar and water; boil together and apply the herbs.

The Nitrate of Silver, in solution, has been highly recommended as an application to the fauces, glottis, and even to the

larynx, upon the plan proposed by Dr. Green, of New York; but as far as our own experience and observation has extended, we consider the treatment above-named as superior to any other with which we have yet become acquainted.

We have remarked that both bleeding and purging are quite universally practiced in the treatment of such forms of disease as produce inflammation, for their removal, and we have, in several places, intimated that both are enfeebling or prostrating—destructive of the vital forces, while neither of them is depurating, and consequently neither of them can be properly indicated in the removal of disease, because disease most frequently has its origin in defective depuration.

According to these views, and we hold them to be sound, we should direct our efforts to the renal and cutaneous secretions first, and then to those of the glandular system in general. The bowels, therefore, claim our attention no further than to see that their accumulations do not become a source of irritation.

Although we regard proper external applications to the neck as being of much service, by relieving the part of much of its capillary congestion, yet we should not neglect the use of stimulating gargles, such as the one recommended in the mucous forms of laryngitis, and if the child can not gargle, this should be applied to the fauces and throat by means of a swab, and a small portion of it may be occasionally swallowed.

It often happens that when the croupy symptoms have been relieved, the evidences of constitutional irritation still exist; in such cases, we may safely suspect that the liver, and probably other glands, have not resumed their proper functions. In such cases we may have recourse to aperient and stimulating alteratives.

The child should be kept warmly clothed, and the diet should be light, until convalescence, when if prostration takes place, stimulants, tonics, and nourishing diet should be used.

**IV. SPASMODIC LARYNGITIS—*False Croup, Catarrhal Croup.*** This form of disease is never attended with the production of a deciduous or pseudo-membrane in any portion of the respiratory passages—the initiatory usually consists of such catarrhal symptoms as coryza, suffusion of the eyes, chilly sensations succeeded by those of heat, some hoarseness and cough.

These symptoms may continue for several days, or only for twenty-four or forty-eight hours, without much modification, which usually occurs at night and during sleep, consisting of the strongest indications of impending suffocation; such as cough and dyspnoea, with struggles of the muscular system in aid of the respiratory function.

Sometimes it is introduced by a croupy cough, some fever, and hoarseness, which may continue a few hours or even days, before the arrival of a paroxysm such as above described. The paroxysms, as they obtain in different cases, present two great

extremes: in some they are quite mild, and excite no particular fears; in others, they are so violent as to produce the strongest apprehensions of immediate suffocation. Between these extremes every grade or degree of violence will be observed in practice.

During a paroxysm, the face is forced into those conditions and expressions which mark a case of strangulation—it is swelled, of a violet or dark red hue, the eyes are humid and projected in their orbits, the expression of the face is anxious, the respiration is hissing and protracted, the voice is reduced, but never to a whisper; the surface is hot, the pulse quick, and the cough, if present, which occurs at intervals, is hoarse. These are the usual phenomena of a paroxysm, and when concluded, sleep ensues.

A single paroxysm may terminate the disease; at all events, the patient will only be troubled with hoarseness, and a dry, barking cough until the next night, when, if the disease have not terminated, the patient will have another paroxysm, possibly two, and thus the disease continues to its close, with one or two paroxysms per night.

In some cases, however, the paroxysms recur more frequently, and each one is characterized by more violence than the preceding, until finally a greater degree of violence becomes incompatible with life, and death, by asphyxia, closes the scene.

But in the midst of a paroxysm a change for the better may supervene, and when it does, it is usually indicated by signs of secretion, as a loose cough and the throwing up of some mucus; the violence of the symptoms is mitigated, the cough loses its harsh ring, the inspiratory sounds have a mucous character, the croupy and febrile symptoms disappear, and between three or four days and two weeks, the patient is well.

But, instead of a favorable turn, additional and more exhausting symptoms may appear, as great restlessness, nausea and vomiting, followed by a small, frequent, and vanishing pulse, cold extremities, clammy sweats, coma and death.

**Predisposing Causes.**—However difficult it may be to determine, precisely, the pathological differences between the several forms of laryngitis, over which we have passed, the diagnoses in general are quite unmistakable. When we consider the fact, that they are all more or less inflammatory and involve the same parts, it would seem possible, and even probable, that catarrh might be provoked into the mucous laryngitis, and that the milder forms of this might likewise be converted into the more severe; and yet we have no reliable evidence that they do thus merge into each other.

The only explanation we have for this remarkable fact is this: Certain telluric and atmospheric influences, peculiar to certain localities and latitudes, so dispose or constitute the system, that a cause which produces croup in a northern child, could not, *ceteris paribus*, produce the same form of disease in a southern one. To this law occasional exceptions may be admitted.

The admission of this principle, although we cannot comprehend its *modus operandi*, enables us to come to a conclusion, as to why it is that croup is frequent in one situation, and pseudo-croup in another. To contend that the south has no weather cold enough to prove an exciting cause, will not do, because the croup is produced in the north by weather more mild than some by which the south is visited.

Croupal symptoms and pseudo-membranous concretions are sometimes occasioned by scarlatina, but we have not, from any writer, learned that spasmodic laryngitis is ever produced in the same manner; and if it be not, then this circumstance adds to the evidence that croup and pseudo-croup are not different degrees of the same form of disease—that they are not varieties of the same species. From what we have been able to learn, we deem it to be as impossible for one form to pass into the other, as it is for a catarrh, in early infancy, to pass into croup.

*Exciting Causes.*—These are usually such as occasion catarrh—such as an improper or unprotected exposure to a cold and damp atmosphere, or sudden atmospheric changes.

This form of croup is liable to a frequent recurrence—as frequent as may be the exposures to the cause that usually produce it. All the forms of laryngitis may be regarded as being produced by the ordinary causes of catarrh.

*Diagnosis.*—The diagnosis between the two forms of croup we have given under the head of pseudo-membranous croup, and therefore, in this place, we will barely add, that the seat of the pain, the change of the voice, and the peculiarity of the cough should always distinguish both forms of croup from all pectoral forms of disease.

*Prognosis.*—All the forms of laryngitis, must be regarded as dangerous, if permitted to run their own course, but this form is much less dangerous than the pseudo-membranous, and therefore it may be regarded as generally favorable; and yet, when prolonged beyond the third day, and is still increasing in violence, and more especially when attended by nausea and vomiting, an unfavorable termination may be expected.

*Treatment.*—When the affection is characterized by much inflammation, the treatment recommended for pseudo-membranous croup should be adopted. Lehman recommends us to apply a sponge, dipped in hot water and then squeezed out, upon the anterior part of the neck, and frequently repeated at short intervals, until the skin becomes red and a general perspiration follows, which should be promoted by the use of some mild tepid diluent. In many instances, this means will arrest all the symptoms and cut short the disease.

With the exception that this form of the disease requires a liberal use of antispasmodics, the treatment should be very much as in the preceding form.



## PART II.—MISCELLANEOUS SELECTIONS.

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### ZOONOMIA: OR THE LAW OF ANIMAL LIFE.

▲ Lecture Delivered at the Smithsonian Institute, Washington, United States, on March the 8th, 1853. By MARSHALL HALL, M. D., F. R. S., Foreign Associate of the "Academie de Medecine," of Paris, etc., etc.

GENTLEMEN,—I congratulate myself on the opportunity afforded me, by your kind invitation, to unfold a principle in physiology on which I have long meditated and experimented, and which I have ventured to designate the Law of Animal Life.

Many have been the attempts to define *life*. All have, I think, proved abortive. I shall not, in my turn, venture to attempt that in which so many have failed. My object will be rather to describe than to define.

Life, then, may be justly viewed as consisting in a comprehensive system of action and re-action—of the action of certain physical and chemical influences, and the re-action of certain vital powers in organized beings.

Throughout the animal, and, indeed, the vegetable kingdoms, the *primary* organic agents and re-agents are *pollen* and *ova*. Life first consists in the reciprocal action of these upon each other. Such is the very type and essence of life in its earliest dawn. Harvey said—*Omne vivum ab ovo*. He might, with equal truth, have said, *Omne vivum a polline*; and with still greater truth, *Omne vivum a polline et ovo*.

Each of them—the pollen, the ovum—was originally a *creation*. Their mutual and reciprocal action is a phenomenon which the Creator has impressed on this portion of His works, as the *fiat* of His will.

That this action *is* perfectly reciprocal, is proved by the resemblance of the new being or offspring—be it animal or vegetable—to *both* parents. The event is at present as inscrutable in its nature and essence, as it is interesting to the physiologist and philosopher as a subject of observation and new inquiry.

Why *this* seed of the *Triticum Indicum*, or Indian corn, on which pollen has fallen, should, if planted in soil and exposed to the genial influences of heat and moisture, become a noble and useful plant; and this other, to which, from its mode of growth and treatment, no pollen has been allowed to have access, shall, under similar circumstances and influences, undergo decay and decomposition, who can tell? Why *this* egg, which has been fertilized by pollen,

should, under similar genial influences, become a bird, and eventually soar into the regions of the atmosphere; and why this other, unaffected by pollen, should pass into a state of putrefaction, who can declare? Who will attempt to explain why those "*divinæ particulæ auræ*," which exist in the form of pollen, can alone vivify these ova? Who can say *what* there is in these ova, and *what* there is in the appropriate pollen—for the *two* are *equally essential*—which develop growth, and form, and *life*?

Look at these ova and on these seeds. On *this* ovum and on *this* seed no pollen has ever been shed. They will, though placed in circumstances the most favorable for development, only pass the more readily into decay. But this other ovum, this other seed, on which pollen, life-giving pollen, has shed itself, will, under similar circumstances, germinate and pass into life, the whole subsequent being being expressly imbued with the equally inscrutable properties of the pollen, and of the ovum or seed.

What is the condition of this pollenized, this fructified ovum or seed *before* active life begins? Is life in abeyance? or is it in actual existence only in its lowest and imperceptible form? Have eggs and seed a temperature of their own, above that of the medium in which they are placed? And what is the condition of this *offset* of an animal or animalcule, (as the planaria,) or of this plant? Both will continue to live independently of the original stem. Both may be multiplied and propagated by new and similar offsets. Both are, as I have stated, equally imbued with the properties, both of the original pollen and ovum. All this is mysterious, inscrutable in its essence, constituting one of the arcana of nature, which may long, may forever be hidden from us.

But the *laws* of life, and those of the material and inorganic world, may be detected, and their detection and investigation are amongst the most legitimate, interesting and important objects of philosophical inquiry. At present I beg only to state, that whilst pollen places the ovum or seed under *vital* influences, its absence allows them to become the prey of mere physical or chemical agencies alone.

The further essential and distinctive characteristic of organized beings, that in which they differ from the objects of the inorganic world, is *membrane*. Through this membrane, a special function of transition takes place, constituting endosmosis and exosmosis, or imbibition and exudation.

If this membrane be injured, or broken down, the materials of organized beings are again immediately subtracted from the laws of organization, and delivered over to the ordinary principles of chemical action—decay, or *eremacausis*—from which that membrane had preserved them, whilst it placed them under the dominion or modification of vital influences. Examples of this fact are afforded by bruises of animal or vegetable tissues, which, if slight, are repaired by the vital powers; but, if severe, lead to death or

decay. How extraordinary are the changes which almost immediately take place in bruised flesh, or in a bruised orange or apple!

But I must hasten from these preliminary views, and pass on to the more express subject of this lecture. All living beings, from the serpent to the eagle, possess, in common, peculiar *dynamic* properties; in all, these properties respond to appropriate external and internal *stimuli*. On the reciprocal play, action and re-action, of those forces and agents, life, with all its varied phenomena, in all its varied forms, essentially depends.

These dynamics and these stimuli bear a relative proportion to each other; this proportion is *inverse*; the higher the dynamic, the lower the stimuli, and *vice versa*. *Such is the Law of Animal Life.*

In the animal kingdom, *two* forms of dynamics exist; the first has its seat in the nervous system, or, more definitely, in the spinal and ganglionic sub-systems; I venture to designate it by the term *neuro-dynamic*. The second has its seat in the muscular system; it may be designated *myo-dynamic*. The stimuli exist in greater numbers, for they consist in physical and chemical agents of the external world—such as air, food, water, heat, light, the galvanic influence, etc.

I must introduce the subject of the vital dynamics by showing those who are not familiar with physiology, an experiment full of the deepest interest; I place before you a frog, prepared for the purpose, and you will observe how the most elevated principles of philosophy may be illustrated by what you may deem the humblest objects of creation. The physiologist knows and feels that his science, elevated as it is, is included in the most insignificant insect that lives—the caterpillar or the butterfly.

The nervous system consists in *three* sub-systems; the first is that in which the brain, or cerebrum, is the center, and sensation and volition are the special functions; I have removed this centre and these functions from this frog, by removing the head, and, with it, the very centre of the system, or sub-system, itself; the creature is thus entirely deprived of sensibility; the idea of suffering is excluded. It is also deprived of volition—all *spontaneous* movements are impossible.

Yet there is a source and power of movement remaining, for you observe the effect of irritation of the integument covering the toe or foot. This power resides in the spinal marrow, or spinal centre, and certain nerves proceeding *to* it and *from* it, termed, therefore, eisodic and exodic. I have designated this power *neuro-dynamic*; it was formerly termed the *vis nervosa*; its English appellation would be *nerve-power*.

The nerves which proceed *to* the centre of this spinal system, *arise* from the skin. I have removed them from the left foot, and you will observe that the same irritation which, applied to the right foot, induced contraction of the muscles, is inoperative when

applied to this wounded limb; in effect, the *origin* of the eisodic nerve has been removed with the integument.

But I now irritate the spinal centre itself: you observe the convulsions produced.

Lastly, I irritate these, the lumbar nerves; they are exodic, and proceed to the muscles: again the limbs are violently agitated by movements.

These, then, are phenomena arising out of irritation of the nerves, eisodic and exodic, and the center of the spinal system. They attest the neuro-dynamic power of those several nervous tissues.

But there is still a third sub-system of the nervous system; it is termed the ganglionic, and it is connected with all that is *interior*, or *within* us. I have here placed aside the viscera of the frog, and with them the ganglionic sub-system belonging to them—the heart, the stomach, the intestines, etc. If you were nearer, you would see the heart pulsate, and the stomach and intestines move by what is termed peristaltic action. These phenomena are effectible through the medium of the ganglionic portion of the nervous system, in which the neuro-dynamic must also reside.

But besides the power residing in the nervous tissues, there is, as above stated, another dynamic. Its seat is the *muscular tissue*; for which reason it may be designated the *myo-dynamic*. You observe the effect of a very slight galvanic influence passed along this muscle; the muscle is immediately vigorously contracted. This is the *vis muscularis* of physiologists, the *muscle-power*.

I must again hasten away from this explanation. I repeat that these vital dynamics, and the physical and chemical stimuli to which I have alluded, bear an inverse ratio to each other. This is the case both primarily and secondarily; the first, by creation; the second, by a natural operation and *effect*; for if stimulus be diminished, the dynamic becomes augmented; and if the stimulus be augmented, the dynamic becomes exhausted, and, in some degree, proportionately reduced, as natural events, causes and effects. Thus the effect of hibernation, during which the stimuli of air, food, temperature, and nutrition, are reduced to their minimum, is to lead to augmented dynamic and excitability, and to what may very appropriately be designated *vernation*, or the activity of spring; whilst the effect of the augmented stimulus in the summer months, that is of augmented air, food, temperature, and nutrition, is to exhaust or lessen the dynamic of nervous and muscular fibre, however they may augment general activity and power of mass, and prepare the way for the next winter's sleep.

By creation, and the operation of natural causes, then, the inverse ratio between dynamic and stimulus, in animated creation, is the Law of Life.

The attempt to invert this law in either direction, and *equally* in either direction, is to destroy life. Unduly to augment the stimulus

when the dynamic is high, or unduly to diminish the stimulus when the dynamic is low, is equally to interrupt the vital actions.

I will again illustrate my subject by a reference to the interesting case of hibernation:—If you take a bat from its winter quarters, from its state of hibernation, in which its respiration is at the minimum, and its dynamic at the maximum, and make it fly about, and so augment the vital stimulus of respiration, it infallibly *dies*! If, on the other hand, you take the same creature in its condition of summer activity and of high respiration and low dynamic, and deprive it of air, by immersion in water or in an irrespirable gas, it dies, too. Invert in either way the inverse ratio of dynamic and stimulus, and the result is fatal.

Low dynamic *requires* high stimulus; high dynamic, low stimulus. The higher the dynamic, the more capable is the animal of the further abstraction of stimulus, and *vice versa*. If, instead of taking a bat from its summer activity, you take it in its state of hibernation, and now immerse it in water for ten minutes, or even longer, it is altogether uninjured. The bat taken in its state of activity, and submerged in water, dies in two minutes and a half.

Thus the hibernating animal dies if its respiration be augmented whilst it can bear its suspension; the same animal, in its state of vernal activity, or of activity, can bear its respiration to be augmented, but dies speedily if it be suspended!

I will illustrate this view by another order of facts:—the tadpole of the frog breathes in water, and feeds on water plants; the same tadpole becomes a frog, breathes in atmospheric air, and feeds on insects; it has become a higher breather—a higher feeder. In the former state, the dynamic, in the latter, the stimulus, is comparatively greater. The tadpole would die if taken out of its element, the water; the young frog would drown if compelled to remain in it!

These facts are the results of innumerable experiments. I shall take occasion to revert to them hereafter.

Besides being *inverse*, to which there is no exception, the *ratio* between dynamic and stimulus may be higher or lower. It is in this manner that we are enabled to explain the *modes* of life. As life in general is a result of stimulus *into* dynamic, we should, without a provision of this kind, see all animals equally active or inactive. Either the reptile would not creep slowly, or the bird tribe would not soar into the atmosphere. But we observe, in fact, that when the stimulus is *dis*-proportionately low, the animal is of low activity; and that when it is *dis*-proportionately high, the animal is in the enjoyment of an intense degree of activity.

Throughout animated nature, as I have already stated, in all the varied forms and modes of life, from the eagle to the serpent, the dynamic and the stimuli are in an inverse ratio to each other. Such, as I have observed and repeated, is the law of life. In the bird-tribes, the quantity of air and food imbibed is ex-

treme, the degree of dynamic very low; in the reptile tribes, the quantity of stimulus is low, and the degree of dynamic high. The following formulæ may serve to express this general fact:

<i>Stimulus,</i>	8	4	2	1
<i>Dynamic,</i>	1	2	4	8

The degree of activity, or of inactivity, in all these cases may be supposed to remain the same.

But to explain the greater activity of the bird, and the inactivity of the reptile, a modification of the formulæ is required, which may be thus expressed:

<i>Stimulus,</i>	1	2+1	4+2	8+4
<i>Dynamic,</i>	8	4	2	1

In this manner, whilst the inverse ratio between the stimulus and the dynamic, generally speaking, remains, that of the former may *augment* more rapidly as we pass into the more active forms of living beings than that of the latter *diminishes*; and thus the bird and the insect fly, whilst the reptile and caterpillar creep. With higher stimulus, the animal becomes more bird-like; with lower stimulus, it becomes more reptile.

With augmented air and food, other organs besides those of respiration and digestion become stimulated to greater action. There is especially a correlation between the rapidity of the action of the heart and of the acts of respiration arising in a peculiar and reciprocal manner out of the play of stimulus and of the neuro-dynamic which resides in the spinal and ganglionic sub systems, and the myo-dynamic in the muscles which are respectively under their dominion, and out of the law which binds them together, which deserves to be distinctly described: The blood flowing through the lungs exhales carbonic acid; this is the internal excitator of inspiration acting on the fine branches of the pneumogastric nerves spread over the lining membrane of the lungs; the more rapid the circulation, the greater the quantity of carbonic acid exhaled, and consequently the more rapid the respiration. But this respiration brings the oxygen of the atmosphere into contact with the pneumonic blood in its turn, through the same pulmonary membrane; this oxygen is absorbed by the blood, passes into the circulation, and stimulates the heart to augmented action, and augments the rapidity of the circulation. This last has again, in its turn, a greater exhalation of carbonic acid in the lungs, again augmenting respiration; &c. In proportion to the augmented stimulus the dynamic is diminished.

The *changes* which take place in regard to the ratio of dynamic and stimulus are of two kinds: 1, *structural*; 2, *physiological*. The former, in metamorphosis, is usually, if not always, upwards, to a state of higher activity, to a state of higher stimulus with diminished dynamic; the latter takes place in both directions, being to one of higher stimulus in veneration, and to one of higher dynamic

in hibernation. Activity on one hand, and repose, and, especially, sleep, on the other, induce similar though less marked effects.

I think I have said enough to convince you, gentlemen, that there is, in this Law of Life, a most interesting and important fact, a vast generalization. This generalization embraces *three* great objects : 1, the scale of animated being ; 2, metamorphosis and perhaps mere development ; 3, physiological changes. I know of no law so general, so expansive.

I may now observe that it is of deep interest to trace the *criteria* of the ratio between dynamic and stimulus.

In the first place, galvanism is a test of neuro and myo-dynamic, just as nerve and muscle, in the animal in which these dynamics are high, as the frog, become galvanoscopic or a test of galvanism.

In the second place, in the animal in which stimulus is high, the temperature and its measurer,—the thermometer,—become a test of its degree, and, of course, of the inverse condition of the dynamic.

Thirdly, the degree of activity or of inactivity denotes the relative condition of the two elements of the Law of Life.

Fourthly, it has already been noticed that, in proportion to the dynamic, and in inverse proportion to the stimulus, the animal possesses the power of bearing the subtraction of stimulus, the privation of air and food, and is, in more senses than one, endowed with *tenacity of life*. The length of time during which an animal can bear the privation of air, or breathe a limited quantity of air, is proportionate to the dynamic.

In the fifth place, the quantity of respiration affords a measure of the stimulus. This is ascertained in various ways : 1, by the structure and extent of the *lungs*; 2, by the number of respirations ; 3, by the quantity of oxygen imbibed and of carbonic acid exhaled.

In proportion to the *surface* of the lungs on which the methæmatus or blood changing channels are spread, in proportion therefore to the complexity of the structure of the lungs, is the quantity of respiration. The fish has a mere gill ; the batrachian has a vesicular lung, with or without subdivisions or intersections, as we observe in the triton, or in the frog or toad, respectively ; the lung of the serpent, tortoise, the tribes of mammalia and of the birds, becomes more and more complex and extended ; in the insect and in the bird, the respiration is extended over the system, not being limited to one organ ; in the insect, indeed, each articulate segment is furnished with an analogue of the medulla oblongata, as a central nervous organ of the respiration. The dynamic exists in an inverse proportion.

In the sixth place, the quantity of food assimilated or respired is a stimulus in itself, and in its proportion to respiration becomes a measure and a criterion of the degree of dynamic inversely. In speaking of the quantity of stimulus as represented by the food, we

must bear in mind the quality as well as the quantity of that food, and its convertibility into calorific and nutrient principles. *Least* food is perhaps of all kinds of food the most stimulant, whilst vegetable food is the least so. It must also be a question how much of the food is really made available, and how much is excreted un-respired, unassimilated.

Seventhly, we have in the circulation a criterion of the kind and character of life; slow and with few methæmatus vessels, in the animal of low stimulus and high dynamic, it becomes quicker with more crowded vessels as the stimulus is greater. The structure of the lung and the degree of rapidity of the movement of the blood globules, must be carefully noted; as the former becomes more complicated and the latter augmented, the quantity of stimulus is higher, and, I need scarcely say, the degree of dynamic lower.

There is, indeed, no subject so replete with interest as the circulatory apparatus—pneumonic and systemic—in themselves, in the different orders of animated being, and in reference to the law of life. The entire apparatus consists of—1, the minute arteries; 2, the minute veins; and, 3, the intermediate blood-channels, or, as I have proposed to denominate them—from the important fact that all the changes which take place in the blood take place in them—the methæmatus or blood-changing channels. These vessels are specifically distinct, a distinction on which I have insisted on another occasion.

I must now, gentlemen, in the last place, bring before you certain *results* of that law of life which I have thus very inadequately sketched. In doing this, I shall be compelled to repeat some of the preceding remarks; but I prefer to do this to the alternative of leaving my sketch incomplete.

The first remark I have to make in regard to the results of the Law of Life, relates to the temperature of animals of high dynamic and of low respiration, and consequently of low temperature. such animals are said to be of *cold blood*. This expression is inaccurate. No animal is positively of cold blood. The species of lowest temperature is still of a temperature higher than that which would subsist absolutely without respiration, and its blood is only *low* in temperature, without being as cold as the surrounding medium.

Even amongst fishes some are high, others low, feeders and breathers, with a corresponding temperature; the trout can only live at the surface of a limpid stream, breathing highly oxygenated water, and feeding on the insects immediately on that surface; the carp, on the contrary, lives and breathes lowly, at the lowest part of stagnant pools. The trout is, comparatively, a fish of high stimulus—food and respiration—and temperature, and of low dynamic; the carp, of high dynamic and low stimulus. The trout dies almost immediately if taken out of its crystal element; the carp will live for days in wet moss, that is, out of its own element, abundantly



supplied with moisture, or in a limited portion of water ill supplied with mixed atmospheric air.

As we rise in the scale of animated being, from the fish to the reptile, from this to the mammalia, and from these to birds, the respiration, and, with this, the temperature, also rises, the dynamic proportionately falling; the temperature of the fish and reptile is slightly above that of the medium in which they dwell respectively; that of the mammalia is about 98 deg., that of the bird tribes about 102 deg., Fahr.

The temperature accurately coincides with the quality and quantity of food, the quantity of respiration, and is, in effect, the development of an internal stimulus from stimulant ingesta.

With temperature there is also probably the evolution of the galvanic agency.

The galvanic apparatus, the thermometer, the quantity of food, the quantity of oxygen, the power to bear the abstraction of these stimuli, or in certain circumstances, their addition; all these are criteria of the place a given animal, in a given condition, ought to occupy in the zoological or physiological scale.

Growth, development, metamorphosis, nutrition, in ovo and extra ovum, are other results of the play of vital powers, dynamic and stimulus. With each of such changes in form, a change in kind of life, or metabiosis occurs.

Of these, hints have been dispersed in the preceding remarks. If I have succeeded in giving you, Gentlemen, an adequate idea of them, and of the other topics involved in the development of the Law of Life, I shall feel much gratified. Pray accept my best thanks for your kind attention throughout this imperfect lecture.

Each part of my subject would afford scope for distinct discussion, and one object of my visit to the United States is to secure to myself both the leisure and the opportunity for further physiological inquiry in regard to it. In this object I know and feel that I shall be assisted by the liberal and generous people amongst whom it is my lot, for a time, to dwell, and by the noble and free institutions, the objects of which it may, as on the present occasion, be my proud privilege humbly to promote.

Of the Smithsonian Institute I can only most cordially say, may it prosper, and may it long be the means of the diffusion of knowledge, and of consequent good to mankind!—*Medical Examiner*, May, 1853.

**PURPURA HEMORRHAGICA.**

By M. T. Bran, M. D., of Davidson County, Tenn.

In presenting to the profession the history of the following case, I have been influenced more by a desire to record my testimony in favor of the virtues of the remedy used, than to bring myself conspicuously before the public.

The infrequency of the disease in this country, and its generally fatal termination, under all forms of treatment, furnish a sufficient excuse for a desire to publish this case.

Aug. 31st, 1852. I was called to see Mrs. H. (æst. 64,) and prescribe for hemorrhage of the gums. She had been for many years in bad health, from a leprous affection of the feet and legs. When I first saw her, the blood was slowly, but incessantly, oozing from the gums, which were dark and somewhat swollen; and as there were several carious teeth, their cavities filled with fungus flesh, I supposed the hemorrhage to arise from this cause, and accordingly removed the fungi, first by incision, and afterwards applied the *nitras argenti*.

Sept. 2nd. At this time the pulse was 80, tongue dark, but not coated, the breath exceedingly offensive; and not yet apprehending the true nature of the disease, I prescribed a solution of alum and tannin, as a wash. Her debility had now increased, and she complained of vertigo; her bowels were constipated and her appetite impaired. A laxative of *Pil. Hydr. et Rhei. Pulv.* was prescribed, to be repeated until the bowels were evacuated.

Sept. 4th. Hemorrhage more profuse, and dark, purple spots on the hands, arms and legs, and a considerable number on the back. These spots were real ecchymoses, and determined my mind as to the nature of the disease. She still complained of debility and vertigo, to which was added a strange and undefinable sensation, which, (although a lady of intelligence) she could not describe. I now gave the *Carb. Ferri Precip.*, which she continued to use for a few days.

Sept. 9th. Dr. Cliffe, of Franklin, now saw the patient, in consultation with me, and fully agreed with me in the opinion, that it was a genuine case of *Purpura Hemorrhagica*. Pure kreosote was applied to the gums, and the *Tinct. Ferri Mur.* given three times daily, in doses of 15 drops.

Sept. 10th. Bleeding continues; pulse 86; tongue dark; *Tinct. Ferri* increased to 20 drops.

Sept. 12th. Pulse 100; Nitric Acid applied to the gums, and the *Tinct. Ferri* increased to 30 drops, 3 times a day; it was also used as a mouth-wash, in a diluted condition. The symptoms continued the same until the 17th, when the spots began to assume a greenish-yellow appearance; the appetite improved; tongue less dark; pulse 90, and a general feeling of improvement. The medicine was now given in doses of 50 drops, 3 times daily; and she

continued to use it in this dose until the 20th of October, when the symptoms had all disappeared, and she expressed herself as feeling as well as she had done for many years.

The improvement in her condition was so obvious after commencing the use of the Tinct. Ferri M., and the cure progressed so steadily under its influence, that I do not hesitate to attribute her recovery to its use. It would be useless for me to attempt to explain the intimate principle by which the blood escapes from the capillaries, whether by extreme attenuation of the blood itself, or by some alteration in the physical condition of these blood vessels, or both causes combined. The ablest members of the profession have turned from the investigation with a confession of their ignorance of the process. My only object has been to give a correct history of the case and its treatment.—*Nashville Med. Journal.*

*Little Harpeth, Davidson Co., Tenn., Feb 1853.*

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## DEATH FROM EXTERIOR UTERINE HEMORRHAGE.

By J. O. SHARPER, M. D., Versailles, Tenn.

I was called, in company with Dr. Hall, to see Grace, a colored girl, who was about 35 years of age, whom we found laboring under great prostration, very restless, with respiration hurried and laborious, and with cold and pulseless extremities. It was about 7, P. M., when we first saw the patient; learned that she was attacked early in the morning with very severe pain in her lumbar and hypogastric regions, followed soon with retching and vomiting, with a disposition occasionally to syncope, which symptoms followed her until she expired, which was about two hours after our arrival. The patient and her friends supposed herself to be en-ciente about three months, and the pains an effort of miscarriage, though she had no external show. She had the symptoms of a patient who was sinking under extreme hemorrhage, though with not as great a disposition to syncope.

*Treatment.*—The indications to fulfill in the treatment were, to bring about reaction, restore the nervous energy, and equalize the circulation, which indications our most potent stimulants, conjoined with hot bricks and sinapisms to extremities, failed to fulfill, and the patient gradually sunk down into the profound sleep of death, and we were left to conjecture as to what might have been the true cause of her death. This being the case, we asked permission of the master to make an autopsy, which request, in the first place, he failed to comply with, in consequence of the same aversion that generally exists in the South and South-West to such inspections. But soon after interment (in consequence of a rumor which got afloat, which said the probability was that the girl was brought to her death by having received poison) we were requested to make the autopsy, which resulted in revealing the true cause of the

patient's death, which was not in consequence of having received a poisonous draught, but caused by internal hemorrhage. In laying open the abdomen, it was found to be filled with coagulated blood and serum. This hemorrhage had originated from an ulcer on the right margin of the fundus of the uterus. By its ulcerating and eroding influence it had destroyed the texture of a uterine vessel of some magnitude, and thus gave rise to the great affusion of blood into the abdominal cavity, and was a sufficient cause for the great prostration and sudden death of the patient. I regard the ulcer as being one of a carcinomatous character, and as having been of several years' standing. It occupied about the space of a square inch in extent. It had pretty nearly destroyed the texture of the walls of the uterus within the bound of its circumference. The uterus seemed to be in a normal condition, with the exception of the portion occupied by the ulcer. It was in a non-gravid state; and the girl was not pregnant, as she supposed, though her menses had ceased to appear, and her mammæ had begun to enlarge. The internal organs all appeared to be in a healthy condition, with the exception of the uterus. There were no external marks of disease, with the exception of a small ulcer under the left mammæ, though not of a serious character. I learned it had been of some few years' standing. Previous history of the patient.—Gave birth to a child about seven years since. Patient stated that she had been regular in her periods for the last six or seven years, but had not become pregnant until within the last few months. I learned that she had been, during the last four or five years, the frequent subject of great lumbar pain, which would disqualify her for labor for a time. Those pains were thought to have originated from an affection of the kidneys, but the kidneys were found to be normal. The ulcer of the uterus I conceive to have been the true source of those distressing lumbar pains complained of by the patient. The cervix and os uteri are very obnoxious to cancerous affections; but I do not know that I ever knew the fundus uteri to be the seat of carcinoma before this instance.—*Id.*

*January, 1853.*

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From the Stethoscope.

### YEAR PRACTICE—HIRELING DOCTORS.

MR. EDITOR—As I have had some little experience in the mode of practice generally called "*year practice*," I have concluded that it would be beneficial to the profession at large, and particularly the younger members of it, to give some account of this degrading mode of practicing medicine.

Soon after I returned from Philadelphia, some nineteen or twenty years ago, and commenced looking around me for a suitable

location, I was offered one by an old physician of considerable reputation as doing a large practice; I promptly accepted it, and purchased his property, and soon found myself in a large business. I was aware before purchasing, that such practice was done by said physician, but being entirely ignorant in the matter, I concluded of course there was nothing in it that I should hesitate to engage in, as the subject had never once engaged my consideration. Before one year expired, I found I had engaged some sixty families, whose ills and whims were on my hands, and I do assure you I soon became weary of my calling. Where a neighborhood has been in the habit of such practice, they send for the doctor for the most trivial cause and physic-taking becomes a habit, and when you have a case that actually needs your assistance, you are expected to visit him until he can eat his accustomed allowance, or you may expect to hear soon that you have been negligent.

My reader will be surprised when I tell him I continued this sort of business for five years. But you will say, "Why didn't I quit it?" The old fox whom I purchased, had settled about fifteen miles distant, and was ready (and was always trying) to take from me at most any price, and to keep him out of it, I stood my ground five years. At the end of this time I was offered a fair price for my property and I decamped to a distant neighborhood; and in three years my purchaser became disgusted and sold out at a considerable loss, and the physician who last bought, is now there doing a "large business," always riding, and each visit averaging from twenty-five to forty cents per visit, with medicines thrown in.

Such a mode of doing business is not only disgraceful to our calling, but it is a curse to any community, both to the people and physician. In the first place, it begets a miserable habit of drug-taking, which any well informed man is aware is a great curse and destructive of health and of life itself; and in the second place, 'tis the certain harbinger of ignorance to the doctor should he continue in it for a period of ten years, as he will have nothing to inspire him to study and keep posted in his profession, as he is nothing but a hireling, and poorly paid at that; and third and last, the compensation is unworthy of the profession, for I do assure you, I have been candid in the average amount per visit, as a hireling doctor is more a slave than a hireling negro on a mudpike, as the negro has the privilege of rest at night and a good shelter in bad weather, which is more than the first can boast of. When an individual asks me to do his practice by the year, I am often inclined to return an answer a young friend of mine did on such an occasion—he indignantly replied, "whenever I become black and am to be hired, I will let you know." I knew an old quack, that whenever such an application was made him, would only reply, by catching up two brick-bats and rubbing them together, which was very significant, but not more so than every high-minded physician should be under like circumstances.

## THROAT INSTRUMENTS—THE LONDON LANCET.

*To the Editor of the Boston Medical and Surgical Journal—*  
DEAR SIR,—Our English progenitors on the other side the water, taken individually, I have ever regarded as the most high-minded and honorable race of men to be found; and a well-bred English physician I have supposed incapable of any other than the exactest propriety in his intercourse with his brethren at home or abroad. In reading a brief editorial in the last London Lancet, I am pained to feel that this favorable judgment may have been too universally applied.

Under the head of "new inventions," the editors speak of various instruments for making topical applications to the throat. They first introduce and describe Dr. Horace Green's spatula and probang, which they say was manufactured for them under Dr. Green's personal inspection (while in London we presume) by Mr. Coxeter.

They next introduce "Dr. Ira Warren's shower syringes, three in number, very neatly made, and contained in a neat case," which they describe with tolerable correctness, but they object that in their hands they are not "easily applicable in practice." "In fact," they say, "the safety of the glass syringe and the piston can only be secured by the use of both hands (!)—of which one is required for holding down the tongue."

After alluding to one or two other syringes which appear to be of little account, as they do not describe them, they say—

"Mr. Coxeter's laryngeal shower syringe [Mr. Coxeter, the reader will see from the second paragraph, is the editors' manufacturer] is by far the most convenient form in which a syringe can be used for these applications to the interior of the throat and the posterior nares. It consists of a seamless tube, composed of silver, not unlike that of a medium-sized catheter. It is curved in a form suitable to its intended uses. The distal extremity is somewhat flattened from side to side, and is perforated by fine openings, which admit of the emission of the contained fluid in the form of a delicate shower. The proximal extremity is fitted with an elastic suction-bottle, which, by its own action, charges the instrument with the fluid, which is then emitted by simply compressing the bottle with the thumb. Rings are attached for holding the little instrument, and an ingenious arrangement is made, by which the quantity of fluid ejected can be accurately regulated. The inventor says this shower syringe possesses the advantage of applying gently, and without friction, to an irritable surface, the remedial agent intended to be employed. It does this more generally and uniformly than the sponge, and is entirely free from the risk to which the latter, in becoming detached from the whalebone, is liable. Our experience in the use of the instrument entirely corresponds with this favorable report of the inventor."

If you had never before heard of either of these syringes, Mr.

Editor, you could not infer from the above that one of them had any claim to paternity of the other, or was in any sense more entitled to consideration except on the ground of its better adaptation to the end proposed. You would not know, from the article in the *Lancet*, Dr. Ira Warren's residence, or even that he was an American. You will be surprised to learn, therefore, that about the first of August, 1852, I put a neat set of my shower syringes into a package, with one of my tonsil instruments, and sent them as a present to the editors of the London *Lancet*, accompanied by a brief note, expressed in as civil terms as I could employ, asking them to accept my small offering to the profession in England; and if they deemed the instruments of any value, to make them known. Seven months have passed, and no private note has acknowledged their reception. In the meantime, it seems, the syringes have been put into the hands of Mr. Coxeter, their manufacturer, who has made one *on the same principle*, merely adding an India-rubber bag to it, and nearly spoiling it, as the reader will soon see, by his attempted improvements. The editors then call him the "*inventor*"! saying nothing about his having stolen it from me, or the manner in which they had abused private confidence in helping him do it.

Had these gentlemen noticed my instruments on their reception—commending to such extent as they thought proper, and objecting as their judgment dictated; had they then waited till Mr. Coxeter had made his alterations, and on their completion announced that he had attempted, and, in their judgment, effected a real *improvement* on my instrument; however easily their criticisms might have been set aside, no objection could have been raised to their proceeding, much less could any impeachment have been brought against their motives. But to withhold my invention seven months from the profession in England, and then to announce it simultaneously with Mr. Coxeter's instrument, as if they were two rival claimants, seeking, on equal terms, professional favor, was a proceeding very like concerted fraud, based on a violation of private confidence.

Let us now look at the two instruments. The only objection raised against mine is, that the glass barrel and piston are not safe with those editors, unless they use both hands! I don't know how they would manage to break the glass. Would they dash it against the teeth of the patient? They could not, for it is not the glass syringe, but the silver tube only, which enters the mouth. Would they crush the barrel between their fingers? I doubt their ability to do it if they would, and can not conceive a good motive for it if they could. Would they drop it in the act of using it? I think not, unless it burned them. During the last three years I have used these syringes about nine thousand times, always with one hand, depressing the tongue with the other, and have never broken a piston or a barrel. I employ them with the same ease

that I do a spoon in feeding myself, and should as soon think of applying both hands to the one as to the other. I have found no American physician who could not use them readily with one hand.

The rings which Mr. Coxeter has attached to his instrument are not original, having been long used on aural and other syringes. They would have been attached to my syringes, but that they would have increased the expense, while the instruments are quite as easily used without them.

The distal extremity of Mr. Coxeter's instrument is flattened from side to side. If the globe is retained and flattened, any mechanic can see in a moment that it can not be as easily insinuated into the larynx as a perfect sphere. Moreover, in withdrawing it, the various projecting parts of the throat would catch upon its shoulders, and slide off with less facility than from a globe. If the sphere is wholly removed, as the cut in the *Lancet* seems to indicate, then the point is too sharp, and no prudent physician would risk the chances of wounding the throat by its use. In any view of the case, there seems to be no better reason for the alteration than the desire to *appear* to furnish a new instrument, while in fact it is only mine a little altered for the worse in shape.

As to the rubber bottle at the other end, it is wholly unfit for the purpose intended. Its self-acting mode of charging the instrument is alone sufficient to condemn it. No sportsman who intends to bring down his game, would think of charging his piece by some self-acting machine which would be liable to draw in twice as much, or twice as little, powder as he desired. In brief, no prudent man needlessly puts any thing beyond his control, which needs to be done accurately. Moreover, the rubber bag, by the action of acids, etc., would necessarily soon become intolerably foul; and no person of cleanly habits would permit a fluid to be injected from it into the throat.

I have spoken freely, for I confess to a feeling of indignation. Men who stand, like the editors of the *Lancet*, at the portals of professional opinion, should be men of large and liberal souls, who are disposed to give any new thought or instrument that comes to them, clear papers of "safe conduct," to travel any where—to fame or to oblivion, without improper molestation, and especially without a *seven months' imprisonment*.

The truth is—and there are times when it should be told—that in the construction of ships and boats, locomotives, farming implements, several kinds of machinery, surgical instruments, etc., the Americans are far in advance of the English. While it is clear that the latter are slow to acknowledge this, I did not suppose any respectable Englishman would resort to any thing unfair or deceptive, with a view to *appropriate* what belongs on this side the water.

L. WARREN.

*Boston, April 13, 1853.*



## SURGERY.

On a simple Method of ascertaining, without the use of the Catheter, whether the Eustachian Tubes are pervious; with some observations on the treatment of cases of Obstruction in these Tubes. By Jos. TORNAK, F. R. S.

The author pointed out the objections to the two ordinary modes of exploring the Eustachian tubes—viz. that the use of the catheter is liable to produce pain and discomfort; that, without experience, it is not easy to ascertain whether it be really in the tube; that the plan of attempting to distend the tympanum by a forcible expiration, while the mouth and nostrils are kept closed, is not always successful, from the fact that the young and nervous cannot be taught to perform the act, and that sometimes, when it is properly done, the guttural orifices of the tubes seem to be pressed together so as to preclude the air from entering. In a paper recently read before the Royal Society, the author endeavored to show that the guttural orifice of each Eustachian tube is generally closed, and that the air in the tympanum is not continuous with that in the cavity of the fauces, except during the momentary act of deglutition. In proof of this the following experiment was cited: If the mouth be shut, and the nostrils be held closed by the finger and thumb, and then the act of swallowing be performed, a sensation of fulness or pressure is experienced in each ear; and this sensation does not disappear upon the removal of the pressure from the nose, but it vanishes at once when the act of swallowing is again performed, while the mouth and nostrils are open. During the first act of swallowing, a small quantity of air was forced into the tympanic cavities through the Eustachian tubes, and it herein remained until the second act of swallowing again opened the tubes and permitted the air to escape. The muscles whereby the Eustachian tubes are opened are the tensor and levator palati, which it is well known take origins from the cartilaginous walls of the tubes. As, during the act of swallowing with closed mouth and nostrils, air is forced through the Eustachian tubes into the tympanic cavities, it is evident that the permeability of these tubes can be ascertained by making the patient swallow some saliva while the nose and mouth are shut. Nor need the surgeon depend upon the statement of the patient respecting the sensation of distention felt in the ears; for, by listening with the *otoscope*, should the Eustachian tubes be pervious, the air will be distinctly heard to enter the tympanic cavities, and produce a gentle crackling sound. The author next proceeded to consider the treatment of cases of obstruction of the Eustachian tubes, especially in reference to the use of the catheter. It having been ascertained that these tubes are obstructed, is it desirable to attempt to open them by means of the catheter? Believing that obstruction in the Eustachian tubes generally depends upon a thickened state of the mucous membrane covering the guttural orifice, and that this state is

always associated with a thickened condition of the faucial mucous membrane and of the mucous membrane of the tympanum, the author suggests—especially to those inexperienced in the use of the catheter, not to attempt to pass this instrument—firstly, because, in such cases, the mucous membrane of the Eustachian tube is often so tumefied that no ordinary degree of pressure will force the air into the tympanum; and, secondly, because, should the surgeon succeed in transmitting a few air-bubbles, the relief obtained is only partial and endures for a brief period, since the mucous membrane remains as thick as before, and the ill effects of the obstruction soon recur, from the air in the tympanum becoming of a different density from that without. The membrana tympani becomes more or less fixed. The treatment recommended is such as shall tend to reduce the thickened mucous membrane of the gular orifices of the Eustachian tubes to a healthy size, so that their muscles may be able to open them. For this purpose, besides the use of general remedies, the solid nitrate of silver, or a strong solution of hydrochloric acid, may be applied to the mucous membrane of the fauces and to the apertures of the tubes, and gentle counter-irritation is to be kept up over the region of the fauces. By these measures, as a general rule, the mucous membrane can be reduced to its natural state, and the tubes become again opened by their muscles. Should this not take place, the Eustachian catheter may now and then be introduced, and the air be gently blown through it. A modification in the shape of the Eustachian catheter is suggested—viz. that it should be oval instead of round, the advantages derived being, that it not only can be passed through the nose with less discomfort to the patient, but its presence in the Eustachian tube is much less disagreeable from the absence of the convex surfaces which, in the rounded catheter, press against the nearly flat surfaces of the tube. In conclusion, the author expresses his concurrence in the opinion of Harvey and Kramer, that enlarged tonsils are never the cause of obstruction in the Eustachian tubes, and that any benefit that may have followed their extirpation has arisen from the loss of blood consequent upon the operation.—*Lancet*.

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## TETANIC SYMPTOMS FROM THE USE OF IODIDE OF POTASSIUM.

By D. P. PHILLIPS, M. D., Passed Assistant Surgeon, U. S. N. (Communicated  
by PROF. DUNGLISON.)

A case of some singularity having occurred under my own observation, and thinking that it might not be devoid of interest to you, I have concluded briefly to give its history.

Whilst Acting Surgeon of the U. S. Ship Massachusetts, a fireman, named J. White, was admitted upon my sick list with rheumatism. I ordered the administration of iodide of potassium, grs. viii. ter in die, to be taken before meals in a spoonful of water. Soon after commencing with the remedy (probably the second day) he complained of some uneasiness and stiffness in the jaws; but supposing it to be some trivial affair, I paid but little attention to it. On the next day the difficulty had increased, and I directed frictions with some stimulating liniment; but when I saw him the day after, the jaws were immovable. Upon careful inquiry, I ascertained that ever since he had been using the iodide he had experienced a burning and uneasy sensation in the œsophagus and stomach. Upon learning this I discontinued the medicine, and offered counter-irritation over the stomach. In a few days the tetanic symptoms entirely disappeared, and the iodide of potassium was renewed, but diluted in a tumbler half full of water, and given *after* each meal. The patient entirely recovered from rheumatism, and had no return of the trismus. I attributed the unusual symptoms entirely to the use of iodide of potassium in too concentrated a form.  
*Med. Examiner.*

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## UPON THE DESTRUCTION OF THE PUERPERAL MIASMA IN LYING-IN HOSPITALS.

BY DR. BUSCH.

The means employed by the author consist in heating the room to a high degree with dry air. This is effected by round iron stoves placed in the centre of the room, and connected with the chimney by metal tubes. The heat can be raised to 50.60 deg. R. (about 155 deg. F.) This must be kept up for two days, during which time all furniture and utensils are to remain in the room.

In March, 1851, puerperal fever invaded the Berlin Lying-in Hospital with remarkable severity; nearly all the patients suffering and the Institution was closed for six weeks, during which time there was the most careful ventilation and purification. These means proved insufficient. Upon the re-opening of the hospital all the new patients became attacked by the disease a few days after delivery. Then the author tried the plan here detailed in every room in the house. The effect was surprising; no fresh attack occurred during the whole summer. The same measures were adopted some time afterwards, and with the same success.—*London Med. Times, from N. Ztschr. fur Gebwitsk.*

## PART III—EDITORIAL.

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### CLINICAL REPORTS.

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*At Newton's Clinical Institute. Services of PROFESSOR NEWTON,  
April 19, 1853.*

[Reported by ISAAC TIERRE, one of the Class. Continued from page 304.]

Case IV. Mary E., æt. 7 years.—Case of Scrofula. The eruption of the head is much improved ; redness of the eyes subsiding. Nasal discharge much less. Continue same alterative before recommended. Also make a solution of the susqui-carb. potassa 3i to ʒiv water, and wash the secreting surfaces of the nose twice a day.

Case IX. George Welch.—Laryngitis. Is much improved. Discontinue the croton oil and liniment, and use the irritating plaster over the larynx. Apply the sol. nit. silver, half the strength before recommended. His strength is increasing ; can speak so as to be heard.

Case XII. Mr. Thomas Casseous. Tumor.—Discharged ; cured.

Case XIII. Mr. W.—Syphilis. The ulcers are healing ; discharge not so offensive. Applying the susq. carb. potassa daily.

Case XIV. Mrs. Jenkins.—Removal of the mammary gland. She is doing well ; she has had no fever since the operation. Still apply the cold water dressing.

Case XV. Mr. A.—Chronic Ophthalma. This gentleman has been suffering for more than one year ; it has been confined to one eye. You will now see that there is complete opacity of the cornea. The blood-vessels are full, and pass over the cornea, presenting very much the appearance of a piece of muscle—now has but little pain. Treatment, cut the blood-vessels which penetrate the cornea ; this should be repeated every other day ; after which apply a decoction of hydrastis, at the same time give the following

R. Comp. Syr. Stillingia, ʒiv.

Iodide of Potassa, ʒj. Mix.

Give one drachm three or four times a day.

**Case XVI. Mr. T., æt. 61.—Cataract.** This was lenticular ; he had had the other eye operated upon without being benefited. The operation of depressing was then performed, when his sight was perfectly restored. After treatment, dark room and cold water to the eye.

**Case I. Wallis.—Ulceration of the arm ;** he has been presented several times before to-day. His general health is improving rapidly ; arm much stronger, discharge less. Treatment the same as before.

**Case VII. The little child of Mr. Conklin,** upon whose hand the operation was performed, to remove the contraction of the fingers, is now well—having the free use of all the fingers.

**Case XIII. Secondary Syphilis ;** is doing well ; continue the same treatment.

**Case XVII. Mr. H. Fistula in Ano ;** there are three orifices. Treatment, inject the *susq. carb. potassa*, in solution as strong as it can be made, twice a day ; the discharge appears healthy now.

**Case XI. G. Welch. Laryngitis ;** he can now speak out plainly ; difficulty of breathing subsided ; has gained four pounds in three weeks. Treatment, the same as before.

**Case XVIII. Mrs. M. Congenital malformation of the Iris ;** this is a singular case ; the pupil is near the connexion of the iris and the sclerotica ; little or no action in it. She cannot concentrate the rays of light so as to receive the impression in both eyes at the same time ; hence she can see two different objects at the same time, when at the side of the body, but she cannot distinguish objects at a distance of ten or fifteen feet from her.

**Case XIX. Mrs. Dougherty. Cancer of the breast.—**It has been several months since she first discovered a small lump in the upper part of the left breast, immediately under the skin. This is now as large as a common walnut. It must be removed by a deep incision, after which the caustic must be applied ; he then removed the diseased portion, and found the peculiar appearance which characterizes this disease.

These reports will be continued in the next number, showing the result of the treatment in all the cases heretofore reported.

## THE ORTHODOX PROFESSION.

THE Philadelphia Medical News says—

“We might suppose, from the grievous complaints continually made in the British Journals, of the evils which afflict the profession in that country, and which have driven, we are told, some members of it to enroll themselves as policemen, and others to advertise for menial situations, even that of gentleman’s valet, that the profession had enough to gratify their philanthropy in effecting reforms at home, without adding to their labors by intermeddling with the concerns of those at a distance.”

This talking of menial situations, reminds us of an anecdote lately current in our papers. One of the most popular draymen in Chicago, is a regularly educated orthodox member of the regular profession, who came over lately from Victoria’s dominions, and, finding his services not wanted, is earning a living in a creditable manner by driving a dray.

While the glory of orthodoxy is thus sinking in the dust, it is amusing to see that the factitious dignity of the profession keeps up as high as ever. At the late meeting of the National Association in New York, Dr. Hooker made a sharp attack upon Homœopathy, but other members objected to any allusion to that subject or anything else but orthodoxy, as the Convention had too much dignity to notice anything irregular, even to denounce it.

By the way, a farcical, nose-pulling scene occurred at the close of the Convention when the members were visiting Blackwell’s Island, which appears as follows in the report in the Tribune.

“Arrived at Blackwell’s Island, the Delegates proceeded to inspect the Penitentiary Hospital, Lunatic Asylum and Small Pox Hospital, the rain pouring down all the time; after which the whole party, to the number of three hundred, assembled in the Hall of the new Workhouse, where a plenteous dinner had been prepared by the ten Governors, Mr. West, the Chairman, representing the hosts. All appeared to go “as merry as a marriage bell,” until the conclusion of the dinner, when

Dr. Stewart, who had acted on behalf of the Committee of Arrangements throughout the day, after a side conversation with the Chairman Host, Governor West, rose and said that a gross insult had been offered on this Island under his (Mr. West’s) jurisdiction. The nose of a member of the Association had been pulled, and they had requested the person who had done so to withdraw. As chairman of the Committee of Arrangements and Reception, he had requested the Governor once, twice and thrice to request that he retire, but that he had refused; and he (Doctor

Stewart) now asked the guests to repair to their boat and retire with him. [Cries of No! No! and great uproar, in the midst of which, after many attempts to restore order]—

Governor West rose and requested to be heard for three minutes. He said, if any insult had been offered to any member of your profession, it was not by any member of the Board of which I have the honor to be President. If there has been five thousand noses pulled on this Island, what have I to do with it? [Three cheers for Governor West.] I am your host, and am here to eat and to drink, and to treat you as becomes this great City. [Cheers.] Why ask me to take part in your difficulty? If you will, as I trust you may, keep your seats, let us drink a bumper to New York, and let the nose-pulling be settled somewhere else. [Cries of "New York," and cheers.] I propose to you

*The City of New York*—More indebted in these Institutions to the Medical profession than any other service she knows. [Drank with loud cheers.]

After some further discussion, Governor West understood that Dr. Wood wished to say something. He wished to say two or three words first. He had understood that some of the gentlemen composing the Committee had retired now. He desired to express publicly his regret that any reason arising from private altercation should have caused it; and with that observation he requested they would hear Dr. Wood. [Renewed Cheers.]

Dr. Wood then spoke from the gallery, and made some propitiatory remarks.

Dr. Griscom, from the opposite gallery, stated that he was the individual whose nose had been pulled, but he bore no feeling of animosity at all, and he regretted that the Chairman of the Committee's high sense of honor should have led him to consider such a public vindication necessary, and so cause any disturbance of the harmony of the meeting. He moved that the meeting adjourn. [Cries of "No! No! What for?"]

Dr. Gooch, of Virginia, before adjourning, moved a vote of thanks to the Governors for their hospitable entertainment, which was carried by acclamation, and the greater number immediately rose, and re-embarking aboard the *Hero*, returned to the City.

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SIR MARSHALL HALL, of London, visited our City a few days since, and while here delivered a lecture on Epilepsy. It will also be seen that his lecture delivered before the Smithsonian Institute, Washington City, is published in this number of the *Journal*.

## BOARD OF HEALTH REPORT.

CINCINNATI, MAY 4th, 1853.

*Deaths in Cincinnati in the month of April, 1853, as reported by the Undertakers to the Board of Health.*

Whole number of deaths reported ..... 289

## CAUSE OF DEATH.

Apoplexy .....	4	Hemorrhage .....	1
Casualty .....	6	Hydrothorax .....	2
Consumption .....	28	Inflammation of the Brain ..	8
Convulsions .....	5	Inflammation of the Bowels ..	2
Congestion of the Brain .....	4	Inflammation of the Lungs ..	8
Congestion of the Lungs .....	2	Intemperance .....	2
Croup .....	8	Intussusception .....	1
Delirium Tremens .....	3	Jaundice .....	1
Disease of the Brain .....	2	Measles .....	16
Disease of the Lungs .....	3	Old Age .....	3
Disease of the Heart .....	2	Parturition .....	2
Disease of the Uterus .....	1	Pleurisy .....	2
Dropsy .....	7	Premature Birth .....	3
Dysentery .....	1	Shot .....	1
Erysipelas .....	1	Teething .....	5
Fever .....	4	Typhoid Pneumonia .....	1
Congestive Fever .....	2	Whooping Cough .....	2
Nervous Fever .....	3	Worms .....	1
Puerperal Fever .....	3	Dead-born .....	9
Remittent Fever .....	3	Cause not reported .....	84
Scarlet Fever .....	25		
Typhus Fever .....	2	Total .....	289
Typhoid Fever .....	6		

## AGE.

Less than one year old .....	44	Between 40 and 50 years .....	13
Between 1 and 2 years .....	20	“ 50 “ 60 “ .....	9
“ 2 “ 3 “ .....	19	“ 60 “ 70 “ .....	6
“ 3 “ 4 “ .....	18	“ 70 “ 80 “ .....	6
“ 4 “ 5 “ .....	11	“ 80 “ 90 “ .....	0
“ 5 “ 10 “ .....	16	“ 90 “ 100 “ .....	0
“ 10 “ 15 “ .....	2	Dead-born .....	9
“ 15 “ 20 “ .....	2	Age not reported .....	67
“ 20 “ 30 “ .....	27		
“ 30 “ 40 “ .....	20	Total .....	289

## SEX.

Male .....	151	Female .....	138
Total .....	289		



## NATIVITY.

United States .....	142	France .....	0
England .....	5	Switzerland .....	2
Ireland .....	33	Nativity unknown .....	33
Scotland .....	2		
Wales .....	3	Total .....	289
Germany .....	69		

Published by order of the Board of Health.

C. B. HUGHES, M. D., Health Officer.

## BOOK NOTICES.

**PRINCIPLES OF HUMAN PHYSIOLOGY**, with their chief applications to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine. By William B. Carpenter, M. D., F. R. S., F. G. S., Examiner in Physiology and Comparative Anatomy in the University of London, Professor of Medical Jurisprudence in University College, etc. Fifth American from the fourth and enlarged London edition with three hundred and fourteen illustrations. Edited, with additions, by Francis Gurney Smith, M. D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, Lecturer on Physiology in the Philadelphia Association for Medical Instruction, etc. Philadelphia, Blanchard & Lea, 1853: 8vo. pp. 1091.

We have received the above valuable work from the publishers, and copy the following notice from the American Journal of the Medical Science, for April, 1853:

The treatise of Dr. Carpenter on the Principles of Human Physiology has been with us always a favorite work. We know of none, indeed, following it up through its successive editions, which is better calculated, on the whole, to exhibit a faithful reflection of the present aspect of physiology in its philosophical and practical bearings. A sound discretion has been exercised by Dr Carpenter, in making his selection from the vast mass of results which have been accumulated by the labors of the more recent physiologists, in admitting those only which bear the marks of correct deductions from a sufficient series of careful experiments and patient and cautious observations, or, when contradictory or inconsistent results are presented by investigators of equal authority, in adopting those most consonant with usually received views. Although in weaving his materials into a systematic form, so as to present a correct history of the phenomena which normally occur during the existence

of living beings, with those general laws or principles which express the conditions of their occurrence, and the causes to which they are attributable, he may not succeed in convincing every reader of the correctness of his teachings, still, for fullness and accuracy, the account he has furnished of the facts and doctrines which constitute the principles of human physiology as now generally received, it must be conceded, has not been excelled by that of any other writer; while as a systematic treatise, the work of Dr. Carpenter recommends itself by its clearness and precision.

The foregoing remarks are especially applicable to the edition now before us, which may, in fact, be considered in the light of an entirely new work, in which the present convictions and opinions of the author are as completely expressed, as if the treatise had now been for the first time put forth, "the old materials having been incorporated with the new, rather than the new with the old, and having only been employed where they could be readily made subservient to this purpose."

The following outline of the important changes which have been made in the character and arrangement of the present edition, as given by the author in his preface, will show the extent to which the reconstruction of the work has been accomplished.

"Considering it extremely important that his readers should have a clear idea of the sense in which the terms *law* and *cause* are subsequently employed, he has devoted a few pages of the *Introduction* to an explanation of his views upon these points, and he hopes that he may be there found to have thrown some light upon the philosophy of causation, which may be of assistance to other scientific inquirers.

"In order to make room for a portion of the new matter which he desired to introduce into the treatise, he has felt it necessary to omit all those references to the structure and vital actions of the lower animals which had not an immediate and direct bearing upon human physiology; and consequently, of the first chapter of the previous editions—'On the Place of Man in the Scale of Being'—he has only retained so much as related to the characteristics that distinguish man from the mammalia which most nearly approach him. The succeeding chapter, which treated 'Of the Different Branches of the Human Family, and their Mutual Relations,' has been extended in all that relates to man and curtailed in that which rather belongs to Comparative Physiology, and has been transferred to nearly the end of the volume, which the author considers to be now the more appropriate place for it.

"The second chapter of the present edition, comprising a general view 'Of the Chemical Components of the Human Body, and the changes which they undergo within it,' is now for the first time introduced. Several new views will be found in this chapter, which have occurred to the author during its preparation; he would especially point to that of the respective relations of fibrine and

albumen to the nutritive processes, and of the former to the gelatinous tissues; and to the general summary which forms the last section, in which the discoveries of M. Cl. Bernard, in regard to the elaboration of sugar and fat in the liver, are placed, he believes, in a somewhat novel aspect.

"From the consideration of the chemical components of the organism, and of the participation of chemical forces in its operations, it seemed natural to pass on to that of 'The Structural Elements of the Human Body, and the Vital Actions which they exhibit,' which forms the subject of the third chapter. Nearly the whole of this chapter, which includes the general doctrines of cell-formation and of vital force, in their application to human physiology, appears, for the first time, in this edition.

"Passing on to the more detailed survey of the constituent parts of the human body, the first place seemed to be claimed by the blood, the 'physical characters, chemical composition, and vital properties' of which are treated of at some length in Chapter IV. This portion has been greatly extended, and almost entirely rewritten; the great importance of the subject, in its bearings on Pathology as on Physiology, having been constantly kept in view.

"The fifth chapter, 'On the Primary Tissues of the Living Body, their Structure, Composition, and Action,' is essentially the same with the third chapter of the previous edition; but a large amount of new matter, in great part supplied by the elaborate 'Mikroskopische Anatomie' of Prof. Kolliker, has been incorporated in it; and many new illustrations, chiefly derived from the same source, have been introduced. The account of the vital endowments of the muscular and nervous tissues, previously contained in other chapters, has been transferred to this, so as to make it embody a complete sketch of those physiological actions of these separate parts of the organism, which are afterward to be considered in their relations to each other.

"In conformity with the opinion expressed by some of his friendly critics, and by many teachers of Physiology, the author has reversed the previous arrangement of the chapters which treat of the functions in detail: those relating to the organic functions being now placed *before* those in which the animal functions are described, instead of *after*. This has involved a new distribution of much of the matter which was previously treated in a connected form in the chapter on the 'Functions of the Nervous System,' since it has appeared to the author very desirable that the whole group of actions whose aggregate makes up each function, should now be considered in its connection, and thus the movements of deglutition, respiration, etc., not having been explained, as was formerly the case, in the earlier part of the volume, are described, and their connection with the nervous system examined under each separate head. As their general relations to the nervous system are previously explained, however, in the sixth chapter, the author

does not apprehend that any inconvenience will be experienced from this alteration.

“The series of chapters on the several organic functions remain essentially the same as in the previous edition; but important additions and corrections have been made in every one. Thus, in Chapter VII., ‘On Food and the Digestive Process,’ the whole subject of Food is much more fully discussed than heretofore; and the most important of the results obtained from the study of the digestive process by Frerichs, Bernard, and other experimenters, have been embodied in the account of it. In Chapter VIII., ‘On Absorption and Sanguification,’ the structure and development of the Ductless Glands have been more fully described, in accordance with the researches of Kolliker, Sanders, Ecker, Gray, and others, and their relation to the process of sanguification more clearly elucidated. In Chapter IX., ‘On the Circulation of the Blood,’ the causes of the heart’s sounds have been more fully considered; a view of the nature of its rhythmical contractions has been suggested, which the author believes to be original; and the most important among the results of Prof. Volkmann’s elaborate researches on the dynamics of the movement of the blood have been introduced. In Chapter X., ‘On Respiration,’ the most important additions to the first section are those which embody the results of Dr. Hutchinson’s inquiries on the movement of respiration: to the second, the data furnished by the researches of MM. Regnault and Reiset, Prof. Scharling, M. Barral, and others, upon the amount of oxygen absorbed, and of carbonic acid exhaled; whilst the third, in which the ‘Effects of Suspension or Deficiency of Respiration’ are discussed, has been largely augmented by a summary of the evidence afforded by our recent experience, of the marked tendency of an habitually imperfect respiration to produce a liability to zymotic disease. Nearly the whole of Chapter XI., ‘On Nutrition,’ has been newly written for this edition. In Chapter XII., ‘On Secretion and Excretion,’ important additions have been made under almost every head; and those parts, especially, which relate to the agency of the excretory apparatus in maintaining the purity of the blood, have been extended. This chapter, however, is less comprehensive than formerly; several of the subjects which it previously included, having been transferred to portions of the work in which they seemed to find more appropriate places; the salivary and pancreatic secretions being now treated of in the chapter on Digestion, and those of the testes and mammae in that on Generation. Of the three subjects included in Chapter XIII., ‘On the Evolution of Heat, Light, and Electricity,’ the first alone had been systematically considered in the previous editions, and this has been considerably extended in the present. Under the second head, will be found some very curious observations on the evolution of light in the living human subject; and under the third is given a summary of the admirable researches

of M. Du Bois-Raymond, which have been recently brought before the scientific public in this country by Dr. Bence Jones.

"It is in the Chapter (XIV.) devoted to the Functions of the Nervous System, which constitutes one-fifth of the entire volume, that the greatest additions and alterations will be found. This subject in its Psychological as well as in its Physiological relations, has occupied more of the author's attention than any other department of Physiology; and he now offers the more matured fruits of his inquiries and reflections, with some confidence that, even if his views should hereafter require modification as to details, they will be found to be fundamentally correct, and to furnish materials of some value in Psychological inquiry, as well as in the study of Mental Pathology." "The peculiar states which are known under the designations of somnambulism, hypnotism, mesmerism, electro-biology, etc., are all considered in their relations to sleep on the one hand, and to the ordinary condition of mental activity on the other; and the author ventures to believe that he has not only succeeded in throwing considerable light upon the nature of these aberrant forms of psychical action, but that he has been enabled to deduce from their phenomena some inferences of great importance in Psychological science.

"In Chapter XV., 'On Sensation, and the Organs of the Senses,' comparatively little change has been made; several additions have been introduced, however, and some corrections made. The next Chapter (XVI.), 'On Muscular Movements,' has been entirely remodeled; the portion which relates to the vital endowments of muscular fibre having been removed to Chapter V., Section 6, and its place supplied by new matter which contains many original views, especially under Section 4, which treats of the 'Influence of Expectant Attention on Muscular Movements.' Comparatively little alteration has been found necessary in Chapter XVII., 'On the Voice and Speech,' or in Chapter XVIII., 'On the Influence of the Nervous System on the Organic Functions;' an important addition has been made to the latter, however, with reference to the influence of the state of 'expectant attention' on the operations of nutrition, secretion, etc.

"The additions and alterations which have been made in Chapter XIX., 'On Generation,' will be found to be both numerous and important, especially under the section on the 'Development of the Embryo,' which has been almost entirely rewritten, so as to bring the view of this process more into accordance with the existing state of our knowledge of it. The author has not felt it expedient, however, to enter into minute details upon this subject.

"In Chapter XX., 'On the Different Branches of the Human Family, and their Mutual Relations,' all that directly relates to this subject has been considerably extended, and many novelties have been introduced; whilst those arguments for the specific unity of the human races, which are derived from the analogy of

the lower animals, have been simply referred to, having been fully dwelt on by the author elsewhere.

'The closing chapter, 'On Death,' has been almost entirely written for this edition; the subject having been only touched on incidentally in the preceding."

The additions by the American Editor are few, but appropriate—as he remarks: Dr. Carpenter's untiring industry left him little to add beyond an occasional illustration of the text, or notice of more recent discoveries.

We fully concur with Dr. Smith, in the confident belief, "that the present will more than sustain the enviable reputation already attained by former editions, of being one of the fullest and most complete treatises on the subject in the English language.

D. F. C.

**GOOD'S MATERIA MEDICA ANIMALIA:** Containing the scientific analysis, natural history, and chemical and medical properties, and uses of the substances that are the products of beasts, birds, fishes, or insects; illustrated by colored engravings of original drawings taken from nature. Edited by Peter P. Good, M. D., Cambridge, Mass. Quarterly, at \$3 per year.

We have received No. One of this valuable work, and can cheerfully recommend it to our readers.

**WHAT TO OBSERVE AT THE BED-SIDE, AND AFTER DEATH, IN MEDICAL CASES:** pp. 208. H. W. Derby & Co., Cincinnati; Blanchard & Lea, Philadelphia. (From the Publishers.)

This little volume contains much that is well calculated to assist the physician in his examination of cases.

**HAND-BOOK OF NATURAL PHILOSOPHY AND ASTRONOMY:** By Dionysius Lardner, D. C. L. Second Course; Heat, Magnetism, Common Electricity, Volatile Electricity; illustrated by upwards of two hundred engravings on wood; pp. 460. Blanchard & Lea, Philadelphia; H. W. Derby & Co., Cincinnati. (From the Publishers.)

This is the most complete work upon this subject.

**A PRACTICAL TREATISE ON DENTAL MEDICINE:** Being a compendium of Medical Science, as connected with the study of Dental Surgery; to which is appended, An inquiry into the use of Chloroform and other Anesthetics. Second edition; revised, corrected and enlarged. By Thos. E. Bond, A. M., M. D., Professor of Special Pathology and Therapeutics in the Baltimore

College of Dental Surgery. 386 pages. Lindsay & Blakiston, Philadelphia, 1853. (From the Publishers.)

This is one of the most complete works which we have examined upon Dental Surgery. There are several improvements in this edition, and every medical man who wishes to acquaint himself with all the improvements of his profession, will find it to his advantage to have this valuable volume in his library. For sale in this city by H. W. Derby & Co.

**THE DRUGGIST'S GENERAL RECEIPT BOOK:** Comprising a copious Veterinary Formulary, and table of Veterinary Materia Medica; numerous recipes in patent and proprietary medicines, druggist's nostrums, etc.; Perfumery and Cosmetics; Beverages, Dietetic articles and condiments; Chemicals, &c., with an appendix of useful tables, by Henry Beasley. Second American, from the last London edition, corrected and enlarged. Philadelphia: Lindsay & Blakiston, 1853, 8vo, pp. 472. (From the Publishers.)

**THE PHYSICIANS' DOSE AND SYMPTOM BOOK:** Containing the doses and uses of all the principal articles in the Materia Medica, and their chief officinal preparations. By Joseph H. Wright, M. D., author of "The Microscopist," "Curiosities of the Microscope," etc. Philadelphia: Lindsay & Blakiston, 1853, 16mo. pp. 246. (From the Publishers.)

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### DEATH OF DR. GEORGE GREGORY.

THIS well-known physician died on the 25th instant, of disease of the heart. He had suffered for some time past occasionally from this affection, and latterly was the subject of dropsy. Dr. Gregory held the office of physician to the Small-Pox Hospital for many years, and had paid much attention to that disease. His views, however, in respect to vaccination were by no means settled, and of late had given rise to much controversy. He published an excellent elementary work on the "Practice of Physic," which had reached the sixth edition, and was in much request amongst students and junior practitioners. His work on "The Exanthemata" did not obtain the same amount of favor as his other works.—*London Lancet.*

THE  
ECLECTIC MEDICAL JOURNAL.  
JULY, 1853.

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PART I.—ORIGINAL COMMUNICATIONS.

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CLINICAL LECTURE ON SOME OF THE NERVOUS FORMS OF DISEASE IN  
THE RESPIRATORY APPARATUS OF CHILDREN.

(Delivered by Prof. R. S. NEWTON, at Newton's Optical Institute.)

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INFANTILE SPASM OF THE GLOTTIS—*Crowing Disease, Thymic  
Asthma, Cause, Treatment.*—NERVOUS COUGH, *Treatment.*—  
HOOPING COUGH, *Treatment.*

So far as spasmodic action of the larynx and glottis is concerned, this affection resembles catarrhal croup, but here the similitude ends; the latter is an inflammatory disease of structure, while the former is purely nervous—one of function; and one, too, which may mislead the student or young practitioner, without care—he may do, as others have, mistake it for catarrhal croup.

It commences usually in the night when the patient is asleep, and suddenly produces an inability to inhale the air; to which succeeds a struggle of all the muscles that can exert an influence in promoting or aiding the respiratory function; just as we found it to be in a paroxysm of catarrhal croup, the head is inclined backward, the thorax is elevated, the nostrils are spread, the mouth is open, the cervical veins are engorged, the face is flushed, swelled, and purplish, with a countenance distressed and anxious.

In a short time, or not until the moment of threatened asphyxia supervenes, the spasm relaxes, and the air enters the lungs, producing an acute or young cock-crowing sound, and the child is again well, or its respiration may be a little short for a while.

During the paroxysm, the extremities become singularly affected,



sometimes, says Dr. West, "the thumb is drawn into the palm by the action of the abductor muscles, while the fingers are unaffected; at other times, the fingers are closed more or less firmly, and the thumb is shut into the palm; or, coupled with this, the hand itself is forcibly flexed on the wrist. In the slightest degree of the affection, the great toe is drawn a little way from the other toes; in some degrees of this affection, this abduction of the great toe is very considerable, and the whole foot is forcibly bent upon the ankle, and the sole directed a little inward. The affection of the hand generally precedes the affection of the foot, and may even exist without it, but I have never seen spasmodic condition of the foot when the hands were unaffected."

For a short time, in the fore part of this disease, during the intervals between the paroxysms, the child appears as well as usual, but this exemption only seems to be a preparation for a more dangerous condition of the malady.

The paroxysms become reproduced by such trivial causes that it is next to impossible to guard against their recurrence. A sudden change of temperature, the least exposure to a current of air, a slight mental disturbance, deglutition, or any pressure upon the larynx may provoke a paroxysm, more particularly at night.

The general condition of the child is a departure from health—the bowels are frequently attended with an alternation of diarrhea and constipation—evident symptoms are sometimes present of dental irritation, as swelled gums and a hot condition of the mouth. In a long-continued paroxysm, death is sometimes produced by suffocation; at other times, the oft-repeated difficulty of breathing produces such a condition of the brain that the child dies convulsed, or in some other manner, equally indicating such a pathological condition of it as might be induced by imperfectly organized blood, or congestion from paroxysmal forces. If from these agencies, it should escape death, convalescence will be greatly protracted, because it can not be protected against occasional returns of the disease.

*Causes.*—The causes of this affection are as numerous as are the sources of disturbance to the general function of health. Whatever disturbs digestion, by improperly exciting the gastric branches of the pneumogastric or eighth pair of nerves, may produce it; also disturbances of the dental process, by acting upon the dental branches of the fifth pair.

It may also be produced by derangements in the function of the intestinal canal, by which the spinal nerves become improperly excited, and, through them, the spinal marrow, the recurrent laryngeal, and those appropriated to the diaphragm and intercostal muscles.

Dentition is thought to be the most frequent of the exciting causes of this nervous malady. We much prefer the idea, that as the disease occurs most generally during the period of dentition, a

period of general development, and therefore of general irritation, that the muscles of the glottis and larynx are morbidly excited by a special display of the irritat on peculiar to the dental age; because, in many cases, perhaps in a majority of them, though happening in the dental period, they were not occasioned by any morbid action in the dental process.

Furthermore, this nervous malady has happened with in'ants at the age of eight or ten weeks, consequently, long before the period of dental irritation; and it has happened long after the completion of this process—thus showing there is no necessary connection between the two.

The disease is sometimes produced by such local causes as enlarged cervical and bronchial glands pressing upon the recurrent and eighth pair of nerves.

There can not be a reasonable doubt, but that this and similar forms of diseases are frequently occasioned by some peculiar pathological state of that portion of the encephalon which gives origin to the nerves which are distributed upon the spasmed part.

We have the skull of a boy, sixteen years of age, who died of the consequences, as stated upon the hospital register, of onanism. His respiration was in the highest degree asthmatic for some time previous to death. *Post mortem* examination of the cerebellum discovered a tubercle in one side, and a mass of encysted pus, of about the same size, in the other. He was affected, also, with paralysis of motion on one side, and of sensation in the other.

If such results can be produced by such causes, then there can not be a doubt but that a spasm of the glottis may result from local cerebral irritation. We are disposed to confine this variety of the disease, at least, to those children in whom the middle portion of each cerebellum is relatively small. We have never known a case of asthma or phthisis in which this part of the brain was not defectively developed.

Upon the subject of this variety of spasm of the glottis, Prof. Meigs has given several interesting illustrations, and one of his paragraphs is so interesting, as to the purely nervous character of the malady, that we can not refrain from extracting it:

"I have witnessed very numerous specimens of quite young children affected with laryngismus or croupal respiration, occurring occasionally, and being repeated daily, and even many times a day for a month in succession, in whom no other sign of the least disorder could be discovered, and which finally ceased to appear. In such cases the children have grown and prospered, as well as if not the least suspicion of doubtful health had arisen concerning them."

To this cause he refers the "Parson's Cough," and the holding of the breath among children.

As a further illustration of the subject, we have the skull of a man who became exceedingly angry, and while in his rage died

instantly of suffocation, occasioned by a spasmodic closure of the glottis.

As the disease generally obtains, it is one of little moment, and yet, its existence may well excite fearful apprehensions, inasmuch as an obstinate persistence of the spasm has produced asphyxia and death; and even if this result be escaped, the frequent interruptions of the respiratory function, with the struggles that attend them, produce such a congestion of the brain, as may end in convulsions and death.

*Treatment.*—When treating a child during paroxysm of laryngismus stridulus, it should be immediately raised to a sitting posture, and gently fanned, and the Compound Tincture of Lobelia and Capsicum should be given by mouth or enema, to overcome the spasm; after which, the Compound Tincture of Lobelia should be administered in doses sufficiently large to produce emesis—though it must be borne in mind that, in this form of disease, emetics are attended with some danger.

The throat, neck, and chest should be bathed freely with the Compound Tincture of Lobelia and Capsicum, or with Oil of Lobelia, and, after each bathing, a fomentation of Hops and Lobelia, of each equal parts, boiled in water, should be applied around the neck as hot as the patient can bear; these local applications should be continued as well during the paroxysms as in the intervals between them.

The liniment composed of the Oils of Stillingia, Lobelia, and Alcohol, recommended in croup, may, if preferred, be used as a local application, instead of the above. There are no agents so useful in this affection, to overcome spasmodic action of the glottis, as the preparations of Lobelia.

If the child be teething, and there is the least heat or swelling over the advancing teeth, the gums should be freely and deeply lanced, once or twice daily.

Should gastric or intestinal irritation be present, or constipation, especial attention should be bestowed upon the diet, selecting that which is light, nourishing, easily digestible, and not disposed to cause acidity of the stomach; at the same time, laxatives may be given, as Rhubarb and Bicarbonate of Potassa, to which, in some instances, a small portion of Podophyllin may be added, and these laxatives may be repeated every day or two.

If there is diarrhea, the Compound Powder of Rhubarb, or Syrup of Rhubarb and Potassa, will be found fully sufficient to overcome the difficulty in the majority of cases, and when it fails Geranin may be administered in doses proportioned to the child's age, in connection with the powder or syrup above.

Dysuria occasionally accompanies the affection, for which an infusion of Marsh Mallows may be given, with the addition of Spirits of Nitr. Dulcis, and one or two drops of Tincture of Stramonium.

If the fauces are swollen, a weak solution of the Nitrate of Silver should be applied to them by means of a camel's hair pencil.

In the intervals between the spasms, agents must be used to prevent their return, for which purpose, either the Compound Tincture of Cramp-bark, Compound Pill of Black Cohosh, or Compound Pill of Valerian, may be used—the bowels kept regular, and all species of excitement, either mental or physical, should be carefully avoided.

If the case be very intractable, in addition to the preceding, pustulation should be produced over the seat of the disease, by rubbing on Croton Oil.

As the child improves, tonics, as Quinine and Iron, may be employed, but the diet should remain the same.

In all cases where it can be accomplished, a removal to the pure, mild air of the country will be found to facilitate the cure.

**NERVOUS COUGH.**—This form of disease, taking society at large, is not unfrequent, but its occurrence among children is only occasional, more especially with the very young.

So far as has been observed, it exists exclusively in a cough, which, although having several modifications, is unlike any other, more especially when associated circumstances are taken into consideration—independent of these, it occasionally has some resemblance to that of catarrh, and even, to some extent, simulates hooping-cough, but with these there are other indications of disease. It has not been detected in the chest, and, except when most obviously a symptom, it seems to exist independently of disease, for the patient, though much annoyed with it, has no other indication of ill health; consequently, it is thought to be purely a nervous affection.

A variety of it frequently exists as a symptom of gastric irritation, through the instrumentality of the par vagum; but when it is of this character, it is easily detected by every physician, and therefore, it does not, in this place, demand our attention. Furthermore, it does not simulate the idiopathic nervous cough which at present alone engages our attention.

This cough presents no discoverable indications of being symptomatic, and it is usually dry and short, unless rendered otherwise by a severe and lengthened paroxysm of it, whereby the respiratory apparatus, in general, is excited by it, and then a little mucus may be thrown up. Its sound, however, is sometimes more full, lengthened and liquid.

With some children, it will occur at irregular intervals throughout the year, without reference to season, and without reference to time, as to day and night; with others, it occurs only during the cold season, and with some it occurs only during the night.

It sometimes presents such a hollowness and loudness of sound, as to arrest the attention of all observers. The paroxysm may

consist of only two or three coughs, or it may consist of a single cough at frequent and irregular intervals, or it may be almost continuous through both day and night—allowing the patient but little unbroken rest; or it may occur in paroxysms of such severity as to excite perspiration, a secretion of mucus in the respiratory passages, and a full and flushed condition of the face.

When hearing the cough, we can not realize that the chest is either deep or capacious enough to produce it—in this respect, and even sometimes in the sound of the cough, we have thought it to simulate the sound made by some frogs. The listener is, furthermore, astonished, to find such a cough to attend the appearance of so much health.

The most notable instance of this kind, which we have seen, is that of a very healthy girl, about fourteen years of age. She has been exempt from it during the three preceding summers, but it has troubled her very much during the succeeding winters. In all other respects she has excellent health.

There is, in her case, an organic circumstance which deserves notice—her fauces and pharynx are exceedingly developed and appear exceedingly healthy. If all such patients have so large a pharyngeal chamber, all the peculiarities of the disease may be accounted for.

This patient, furthermore, is very plumply developed, flesh firm, neck rather short, complexion fair, the chest large, but not flexible, the nose is small, and the nares are contracted—contra-indicative of a vigorous pulmonary function. In her case, the nutritive and cutaneous functions are well performed, and, from the lively character of the skin, we would infer that her kidneys do not perform as much duty as they generally do.

As this is the only well-marked case we have seen, since the formation of our present physiological views, we are unable to determine how far her peculiar organic conditions are involved in the production of the cough; but this much we are willing to venture: if this cough is always associated with such an organization, more or less, then the cough is but an indication of an imperfect pulmonary system, and consequently of a deficient renal one.

This conclusion finds some support in an observation made by Prof. Wood; in speaking of the cause of this affection, he says: "I have seen it associated with tenderness of the spine between the scapulæ. I have also seen it, apparently, the result of *gouty* and *rheumatic* irritation."

*Treatment.*—Dr. Wood states that he has found nothing so effectual as *Asafoetida*. We have tried this, and know that it will give almost immediate relief, but it will not effect a cure—the cough will return. Based upon our pathological suspicions, we would suggest, for the purpose of trial, much exercise, the use of light clothing, azotized food, and diuretics.

In this disease, much benefit may be derived from the use of the following compound:

R. Podophyllin, gr. j,  
Cyanuret of Iron, grs. v,  
S. Morphia, gr. ss,  
White Sugar, 3j. Mix.

Divide into twelve powders; give one powder three times a day, to a child about three years of age, or in proportion. In connection with this:

R. Iodate of Potassium, grs. iij,  
Tinct. of Belladonna, gtt. xx,  
Distilled Water, 3vi. Mix, and give a table-

spoonful every half hour.

A strong infusion of Peach Leaves, or Wild Cherry Bark, may be used as a drink through the day, which will be found to have a sedative influence upon the cough.

**HOOPING-COUGH.**—When we reflect that this disease is almost peculiar to children—that it stands third in the order of fatality, and that it occasions, in the parental mind, much painful anxiety, it must be admitted to deserve particular attention; much more, we fear, than it receives from a large portion of the profession, because of the fact, that all grandmothers, and a large proportion of the mothers profess to understand and to treat it.

But as physicians, this circumstance should not abridge our attention to it; on the contrary, we should as thoroughly as possible understand it, and then we should diffuse our knowledge of it to all the mothers in the land. This course is more imperative with this disease, than with any other, because every child, as a general fact, must have it.

A close attention to its peculiarities renders it of easy diagnosis—it consists of paroxysms of coughing, in which there is a lengthened and thorough inspiration, followed by a succession of short expirations or coughs, until no air continues or remains in the lungs. When the disease exhibits these two well marked symptoms, there can be no doubt as to its individuality, whether hooping attends it or not.

For the purpose of a more detailed definition of it, some advantage will be obtained by dividing it into three stages, the catarrhal, the spasmodic, and the declining; the first two are, generally, quite distinct, and the third is not of very difficult recognition. The catarrhal stage is of very indefinite duration; Dr. West states, that the average of fifty-five cases was twelve days and seven-tenths, and that two extremes were, respectively, two, and thirty-five days. But, in six of the fifty-five cases, there was no formative, or so-called first stage, they were paroxysmal from the start.

We may say, then, as an approximation, that the forming or first stage continues two weeks, more or less, and is scarcely ever

attended with any symptom that distinguishes it from catarrh. It begins with coryza, red and suffused eyes, sneezing, irritation of the fauces, dry cough, and sometimes febrile symptoms. More is to be determined from the prevailing presence or absence of the disease than from symptoms during this stage. If catarrh is prevalent at the same time, which is not usually the case, it has been observed to run the same course (save the spasmodic and whooping symptoms), as though it originated in the same cause.

The distinguishing symptoms of the second stage, is *spasm*—the whooping sound of the inspiration may commence with the spasms, but frequently it does not supervene upon them, under several days, and occasionally not at all.

In defining the disease, we stated that the paroxysm formed or commended with a protracted inspiration—the whooping, when present, is occasioned by it, and that the coughing consists in discharging or expiring the air of this inspiration, in broken, or interrupted, or spasmodic efforts, each of which constitutes a cough. A paroxysm may continue from thirty seconds to the fourth of an hour. During a paroxysm, the face becomes flushed, then purplish or livid, the cervical veins distended, eyes prominent and probably suffused,

It is thought that during the opening and closing of an epidemic of this disease, the cases which are marked by a protracted forming stage, are produced. This would seem to imply that the cause is less concentrated.

It is further stated, that when the catarrhal stage is protracted, the spasmodic stage will be mild, or comparatively light; but, on the other hand, it is not said to follow, that when this stage is short that therefore the one of spasm will be more severe. The absence of the hoop, in the second stage, is regarded as an indication of intensity of violence. We do not remember to have seen it noted, that in those cases in which the violence of the spasm forces blood from the nose, mouth, and ears, and to extravasate the conjunctiva, were, or were not, attended by the hoop, yet so far as our own observation has extended, the hoop has always been present in these instances.

In some cases, as we have remarked, the second stage begins the disease with high fever, dyspnoea, and other indications of bronchitis, but upon the subsidence of these acute symptoms, the real disease becomes developed. After the spasmodic character of this stage has become clearly defined, some days elapse before it reaches its maximum, and during this time, it is worse through the night than through the day. In milder cases, there is but little, if any, difference in the paroxysms between the day and the night, and it frequently happens, that when the patient is tolerably well all day and rests pretty well at night, it will have a severe paroxysm at going to bed and another upon rising in the morning. The first, probably, is caused by going into a cooler room for bed, and the second by the bronchial accumulations of mucus through the night. So long as a strong, loud hoop attends the disease, we can feel sure

that the spasm does not close the glottis, and therefore the child is safe from suffocation for the present.

When the disease has obtained its acme, it may continue with about the same intensity two or three weeks, when the third stage commences—the paroxysms become less frequent, the inspirations less protracted, and the broken expiration less spasmodic—in fine, the disease, again, takes on the catarrhal form, and the patient is comparatively well; but at other times, the termination is not so speedily favorable—it is sometimes marked with relapses, or it may assume the chronic form, and thus become protracted to months, and possibly to a year or two.

When, however, the disease does not take a favorable turn all the symptoms of the second stage continue to increase in violence, the hooping pauses in the paroxysms cease to be heard; a short inspiration, however, is made and the coughing returns; at length, as the paroxysm is going off, the hoop may again be heard, and though not so loud it will be more stridulous. The paroxysms become more frequent, and the intervals are measurably filled with dyspnoea—the inspiration is no longer announced, or but seldom, by the hoop, the cough changes, the larynx becomes closed, struggles ensue, the constriction at length yields, and the respiration is effected. These paroxysms so increase, that before one is completed another commences, and thus they recur, until one of them closes the scene.

The greatest danger from this disease, results from its complications, which are numerous, as with convulsions, croup, diarrhea, inflammation of some portion of the intestinal canal, with tubercular predisposition, bronchitis, ect. Pertussis is admitted to be epidemic, and some contend that it is contagious.

Prof. Bigelow says, that it is one of those diseases which can not be shortened or mitigated to much extent. We admit that it can not be materially shortened, but we feel pretty confident that it may be materially mitigated by such a course of medication as it naturally indicates—which is to equalize the circulation, remove constriction, establish depuration, and maintain a centrifugal action in the system.

*Treatment.*—It is very seldom that the practitioner is called in the first or catarrhal stage of pertussis, unless the symptoms are very severe, in which case he will treat them upon the principles indicated under the head of Catarrh.

Sometimes the first stage is wanting, and the disease then assumes its peculiar characters from the commencement; but, more usually, this stage is mild, and it rarely happens that the physician is consulted, except in the second stage, when the disease is properly manifested.

As we can not expect to curtail the duration of pertussis, our only course is to apply measures to moderate its violence and diminish the frequency and intensity of the paroxysms; for this purpose, during the earlier part of the second stage, should inflammatory symptoms be present, an emetic should be given, daily or every other day,



according to the urgency of the case, and which should be followed by an expectorant.

To fulfill both of these indications the compound Tincture of Lobelia will be found the most effectual agent—and indeed, from its antispasmodic influence, it will prove, in many instances, an agent fully sufficient to accomplish all that can be desired, and that too, even after the inflammatory symptoms have subsided.

In this affection, constipation should be overcome, and the bowels kept regular, not by active cathartics, but by mild laxative agents.

After the inflammatory symptoms have subsided, some of the specific remedies, so named may be given—among which, however, we prefer the following, having used each of them with much advantage :

R. Carbonate of Potassa, ℞i,  
Pulv. Cochineal, ℞ ss,  
White Sugar, ℞i,  
Distilled Water, ℥iv. Mix.

Of this a teaspoonful may be given three or four times a day, to a child one year old, and in proportion.

Alum, likewise, affords prompt relief in this disease, and may be given according to the following formula ; it does not constipate the bowels or produce any injurious effects, except its tendency to cause vomiting when given in large doses, and to induce diarrhea from too long employment of it :

R. Alum grs, xxv,  
Syrup Ginger, ℥ij  
Water, ℥iij. Mix.

Of this an ordinary sized teaspoonful may be given every six hours to a child a year old.

In protracted obstinate cases, a change of air will be found advantageous, often cutting short the disease at once.

Infants sometimes have the paroxysms very violent, so much so as to cause an apprehension of suffocation or convulsions, to overcome which, Dr. Meigs recommends the application of compresses dipped in cold water to the sternum, or a piece of ice wrapped in linen and suddenly applied to the epigastrium.

In those instances where, from spasmodic closure of the glottis during the paroxysm, there is a suspension of breathing for several seconds, greatly endangering life, the free use of the Compound Liniment of Stillingia and Lobelia, referred to under croup, may be freely applied to the throat, neck, and chest, for the purpose of preventing such closure in subsequent paroxysms.

The clothing of the child laboring under pertussis, should be warm, with flannel worn next to the skin in cold or damp weather, and in such seasons, it should likewise be kept in the house ; but in fine weather during the second stage, the free, open air, in the middle of the day, will prove beneficial. The diet should be nutritious and of easy digestion.

## CLINICAL REPORTS.

*At Newton's Clinical Institute. Services of PROFESSOR NEWTON,  
April 19, 1853.*

[Reported by ISAAC TIBBETS, one of the Class. Continued from page 262.]

Case XX. Mr. Laforge, age 53.—Eucephaloid Tumor upon the left side of the neck. This will be found to be a case of much interest, in consequence of its extensive growth, peculiar location, and duration. This tumor is very large, measuring about twenty-three inches in circumference. When it first commenced, just above the middle of the clavicle, and seemed to be posterior to the muscle, it has continued to grow gradually until within the last year, since which time its growth has been very rapid, and now extends upward so as to compress the external ear, producing much pressure upon and swelling of the eye, posteriorly within two inches of the median line. Downward pressing hard upon the clavicle and extending posteriorly, the extent of which we can not ascertain; and forward over the throat to the right portion of the sternum.

His suffering has been such as to prevent him from sleeping more than two hours, and that two at short intervals, in the twenty-four, for several months. He has been considered incurable by all the physicians whom he has consulted. In consequence of the softened condition which it now presents, there is danger of fatal hemorrhage occurring at any moment.

Mr. L. first consulted me in December last. I did not then, or do I now, advise an operation. Yet, I did then, and have again consented to perform the operation, with a distinct understanding that all the chances are decidedly against him; but as he desires the operation to be performed, I shall attempt to perform it next week. In doing so, I have no doubt but I will be severely censured, by those members of the profession who have refused to make any effort to relieve his sufferings. I place this man in the same relation which I would wish to occupy if I were a patient, and do unto him as I would have others do for me. And, furthermore, I feel justified, under the circumstances, in making an effort to save life, although there is great danger, and the probability is that he may die under the operation; and if this should be the case, he says that he could not lose many days, for he is confident, from his present feelings, and the amount of suffering, that he can not live but a very short time.

Case XIV. Mrs. Jenkins. Cancer of breast.—She has had no fever since the operation; the part is suppurating finely under the cold water application.

Case XIX. Mrs. McK.—This is a case of a cancer of the breast, of a few months standing, but not suppurated. I propose to remove this tumor with the knife, and then treat the case with the Sesqui Carb. of Potassa and Zinc Caustic. The tumor was then removed with the knife, which was found to be very irregular and hard. Treatment, cold water dressing.

Case XXIII. Mr. J. B. Homes, age 32.—Tetanus. Presented by Dr. Wombough. This gentleman wounded the internal plautu nerve, by stepping upon the point of a broken bone; fifteen minutes after the accident, rigidity of the muscles had commenced, and in twenty minutes tetanic spasms had supervened. Dr. W. visited the patient forty-five minutes after the accident had occurred, and administered a portion of the following combination:

R. Scutellaria Lateriflora, 3j,  
Cypripedium Pubescens, 3ij,  
Semi Lobelia Inflata, 3ij,  
Caulophyllum Thalactroides, 3j  
Alcohol, o. 1½.

Dose, one teaspoonful every five minutes, and kept the wound dressed with the same, renewed every ten minutes on raw cotton. This treatment was continued for near two hours, at which time free emesis took place, and then the patient went to sleep. After treatment, Restorative Bitters thrice daily, and dressed the wound with inspissated beef gall.

#### MAY 7TH.

Case I. Wallis. Dislocation and ulceration of the arm.—Since the last report another orifice has formed which discharged very much, previous to which the arm was much swollen, yet the strength of the arm and his general health is improving. Same treatment continued.

Case II. Ryan. Ulceration of the nose.—The parts which were so extensively ulcerated are healing fast, so much so as to require but little treatment hereafter, and will be discharged to-day.

Case III. Houston. Fistula in Ano.—Upon further examination extensive caries of the sacrum has been detected. No decided improvement in the case since last report. Treatment, Sesqui Carb. Potassa, dissolved in just enough water to form a liquid, and to be injected into the sinuses twice a day.

Case VI. John Hemington.—He has had no more hemorrhage.

Case XIII. Mr. W.—Discharged.

Case XIV. Mrs. Jenkins.—The ulcer is healing rapidly. Treatment, Compound Lead Ointment.

Case XIX. Mrs. McK.—Since the last clinic several applications of the Zinc and Hydrastin have been made into the base of the incision. That portion which was destroyed by the caustic has since sloughed out.

**Case XX. Mr. L. Fungus Haematodes.**—He was operated upon and the tumor removed, but lived only an hour and a half.

**REMARK.**—A full account of all the circumstances connected with the operation, and his death, with the illustration and measurement of the tumor, will appear in the August number.—Ed.

**Case XXI. Mr. Colburn.** Cancer of the lower lip.—Eighteen months since he first discovered it. It made but little progress until within the last four months, since which time the ulceration has embraced about two-thirds of the lower lip, extending down upon the chin. He has been under treatment without being benefited. Treatment, apply strong solutions of Hydrastin, Sulph. of Zinc. and Podophillum Pelatum, morning and evening.

**Case XXII. John D. Lupus.**—This case is improving very much. The greatest difficulty at present, is the pressure upon the eye-ball, produced by the swelling of the lids. The plan of treatment first adopted, was the Acid preparation, followed by Hydrastin, Sulph. of Zinc, as heretofore recommended, which removed all the diseased structure, and is now under the use of the Compound Lead Ointment, and appears to be healing very rapidly.

MAY 14TH.

**Case XIV. Mrs. Jenkins.**—The ulcer is nearly healed. Her health rather feeble. Treatment, Compound S. r. Stillingia, and Wine Bitters, 2 dr. of former is to be given three times a day.

**Case XIX. Mrs. McK.**—Entirely healed and discharged cured.

**Case XVII. Mr. H.** Fistula in Ano.—Some of the sinusses are healing; less soreness and inflammation.

**Case III. Mr. H.** Disease of the hand.—Treatment, apply the Muriated Tinct. of Iron to all the fissures in the skin.

MAY 21ST.

**Case. I. Wallace.** Ulceration and dislocation of the arm.—The sinusses are now healed and his arm may be considered cured. The strength of this limb is almost equal to the other. He never will be able to use the arm very much, in consequence of the permanent downward dislocation of the humerus, which is of so long standing as to render the dislocation impossible. Yet it may be considered better than to have amputated it. This case, with its treatment, may appear to be of little importance, but when you consider the extent of the ulceration, the entire disunion of the bone, the feeble state of the general health, when first presented before the clinic, and then consider the duration of these circumstances, and then compare the result with other cases as reported by authors generally, you must see a decided advantage which our treatment has over the ordinary practice in such cases. You will have learned, from the treatment of this case, what can be accomplished by perseverance in the use of our peculiar treatment, which has been taught so fully during this clinical course.

Case XXI. Mr. C. Cancer of the lip.—Much improved. Treatment, the same agents with an equal amount of the Chloride of Zinc, made into a paste, by mixing with cold water, and applied on the lip every second day.

Case XXII. J. D. Lupus.—Still improving. Treatment continued as before.

Case XXIV. Francis G., age 58. Cystitis.—Has had an attack of partial paralysis, has much pain in the stomach, more or less difficulty of breathing, which seems to have been produced by irritation of the diaphragm, but at this time the greatest difficulty appears to be located in the bladder, which is partially paralyzed, producing much difficulty in evacuating the small quantity of urine, which is scented. Treatment, alkaline fomentation over the abdomen every night; also, to bathe the feet and legs for half an hour in a strong and warm alkaline solution. Use internally, Balsam Copaiva, Sweet Spirits Nitre, and Syrup of Ginger, and as there is constipation of the bowels, use the Compound Powder of Senna, until mild catharsis is produced. Inject into the bladder, three times a day, one or two ounces of a strong decoction of Hydrastis.

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#### CASES REPORTED AND EXTRACTS FROM LETTERS.

MESSRS. EDITORS :—During the past eighteen months I have treated several anomalous and complicated cases, and thinking that a notice of them would be interesting to your readers; I have thought proper to report them, and send them for publication!

Case I. Mrs Clark was attacked with chronic Pneumonia, on the 3rd of February. In connection with the peculiar symptoms of this disease, she was eight months advanced in Pregnancy with her second child; which for the time being rendered treatment almost useless. Consequently, I contented myself with the use of *palliatives* internally, and external applications under which she gradually improved until her confinement.

Her labor was rapid, and no untoward symptoms occurred until the fifth day; when she was suddenly attacked with Dysentery of a most severe character, complicated with Uterine inflammation and retention of urine.

Symptoms were as follows :—Nausea and vomiting; pulse 120 and easy; tongue thickly coated with a dark brown fur, which adhered with much tenacity. Severe pain in the region of the uterus with tenesmus; frequent discharges from the bowels of a fetid muco purulent and bloody matter, with more or less pain in the head, stomach and lower extremities; cough abated on the super-vening of the present disease.

With such a disease in a very delicate constitution, long debilitated by previous illness, I had but little hope of her recovery; but know-

ing the value of correct medication in all diseases, however severe or simple, I thought the case might yet be amenable to treatment with proper nursing.

I commenced the treatment by administering an emetic of Ipecac and Lobelia, and in small doses until the system was brought fully under its influence, and free and copious evacuations from the stomach were produced, and sensible operations upon the bowels procured, the odor of which was almost insupportable by the nurse and friends of the patient. It left her much prostrated. I found it necessary to resort to tonics and stimulants of the most potent kind, and as the pulse rose gradually, I withdrew them and continued a powder composed of Sul. Quinine and Tanin  $\text{aa}$  2 gr. to which was added one-sixth of a grain of morphine and repeated every four hours in connection with a tea of the *Aselepias Tuberosa*; fomentations were constantly kept upon the bowels day and night; also injections of Laudanum Tannine and starch water, and used every four hours. This preparation I consider one of the best and seldom fails to relieve the distressing tormined and tenesmus attendant upon this disease. The bladder was relieved twice daily with the catheter.

Under this treatment with slight alterations to combat new symptoms as they might occur. She continued about the same for four or five days when she gradually improved, and the injections and fomentations omitted and the powder given three times a day with wine and nourishing diet.

Thus she continued for a week, when I called to see her one morning. I found the face badly swollen, with redness and intolerable burning. Slight chills and a gradual spreading of the inflammation, which characterized the disease as erysepelas.

Her cough also increased, and death now seemed inevitable. Saline cathartics were given and perspiration induced, and large doses of Quinine were given to control the fever.

The head was shaved and blisters applied to check the spreading of the disease. This course was continued for four days, when the disease was so well subdued that I resumed the use of mild tonics, and an alterative syrup, composed of Cherry, Elecampane, Orange Peel, and Sarsaparilla,  $\text{aa}$  3 ij, boiled from three quarts down to one, to which was added a sufficient quantity of loaf sugar, and one-fourth of a pint of spirits, and one drachm of Hydr. Potash, and gave in tablespoonful doses every four hours. The irritating plaster was applied to the chest, and constant discharge kept up for three or four weeks. Under this treatment she gradually convalesced for ten days.

Her breasts were dry and but little attention paid to them. The lochia had returned a week before, and a free perspiration gave indications of a speedy recovery, appetite far better than it had been for months, digestion exceedingly good, bowels regular.

A blister was now applied to the back of the neck to relieve the dizziness and peculiar sensation remaining, the effects of erysepelas.

But yet she was doomed to further sickness. Phlegmasia dolens now set in and swelling proceeded rapidly, fever and its attendant symptoms came on, and the system seemed worn out by irritation alone.

I again resorted to Saline cathartics, and followed it with diaphoretics and tonics. Stimulating applications were made to the limb, composed as follows :

R.    Oil Wormwood, ʒj,  
       Oil Cedar, ʒss,  
       Oil Organum, ʒj,  
       Oil Olive, ʒss,  
       Spirits Amonia, ʒj.

Then added Spts. Camphor ʒiv. This was freely used three times a day, and a roller bandage applied from the toes to the body.

After the fourth day the fever subsided, the pain abated and swelling gradually diminished under the use of the bandage. On the sixth day the Alt. Syr. was again resumed, and small doses of Madeira Wine, to which had been added ʒj. of Prot. Carbonate of Iron to the pint, and administered three times a day.

Under this treatment she rapidly recovered. Her milk returned, the child was now put to the breast anew, and she ordered exercise in the open air, and to be bathed every day in cold water, to which was added a small quantity of common salt, under which she has regained better health than she has enjoyed for years, and the child is very strong and healthy.

This case has been introduced to show the variety of disease under the influence of which the system may be brought, when once attacked and debilitated ; as well as to give the treatment pursued by myself in the four several attacks, and also to prove that no disease, however complicated or severe, is hopeless under proper treatment, actively and energetically pursued.

Eclecticisim is triumphantly in the ascendancy in this region; and scientific, as well as energetic promulgators of the system, and practitioners are all that we require to make it the popular medical doctrine of the State.

*Janesville, Wisconsin.*

R. B. TREAT.

*A Case of Undue Excitement, Produced by Sulphuric Ether.*

\* \* \* On the night of the 27th of December, at a small collection of young men and ladies in my neighborhood, after various ways of amusement had been proposed, it was suggested by some one of the party, that Ether should be taken to finish off the play.

It being unanimously consented to, the article was produced and taken by several with very pleasing and amusing results, when a young lady, of delicate constitution and nervous sensibility, applied the handkerchief to her mouth, not having as much as some others by at least ss3; in less than a minute after she applied the hand-

kerchief she was observed to be falling. She was instantly caught and supported for twenty-five or thirty seconds, during which time she was perfectly insensible to any impressions. But at the end of thirty seconds the effects were changed to an exhilarating character, which lasted two minutes, when its influence passed off, only leaving her in a relaxed and feeble condition. But on the following morning, contrary to my orders, she took it again, the influence of which apparently passed off as before, in two or three minutes, but after the lapse of half an hour the symptoms returned with great violence, causing her to rave and scream as one who was perfectly insane, lasting four hours. I was present at this crisis, and remained until partially relieved.

During the whole time I observed closely all the symptoms. At times she would laugh, talk and scream, then swoon away, when respiration would appear to be very hard. After a few moments in this condition she would open her eyes, presenting a wild glare, and the round of laughing, talking, etc., would commence.

The pulse at this time ranged from 90 to 120, hands and feet cold, head intensely hot, with a great deal of tossing to and fro, violent throbbing of the carotid and temporal arteries, dilated pupils, etc., all indicating great excitement of the brain.

After the subsidence of this paroxysm, she remained languid and feeble till nine o'clock at night, when it returned again with violence, lasting all night, in spite of all the remedial agencies we could suggest. On the following morning she appeared calm and easy, but said she felt much fatigued and worn out. She remained in this state till three o'clock, P. M., when another return of the symptoms came on, though not so severe, lasting till eight o'clock, then an intermission of two hours, when it returned lasting till morning, when she appeared to be relieved, though greatly debilitated.

The day after, she left her bed and walked about the house some. The subsequent week she rode on horseback a good deal, and when she thought she had recovered sufficiently, she wrote a letter and did some fine sewing, which brought on another paroxysm, lasting only, however, about half an hour.

Since she has remained clear. Eating a full meal, sitting by a fire, or close application of the mind, reading, writing, sewing, anger, grief, or joy, in short, anything that will act upon the mind, will bring on a paroxysm, and is a decided disadvantage.

Our treatment was simply warm pediluvia, warm cloths to the hands, cold applications to the head, and free catharsis of a hydragogue; her bowels were obstinately costive and difficult to move, requiring from three to four grains of Podophyllin, and six grains of Leptandria, with two drachms of Cream of Tartar; sinapisms were applied to the nape of the neck. This course was pursued repeatedly, and when we could succeed in cooling the head and warming the feet, she would be relieved. I would add, that when



the paroxysms were off she would say that she knew everything said or done in the room, but could not answer a question proposed to her.

Respectfully,

T. W. ALLEN.

Roanoke, Mo.

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PROF. NEWTON:— \* \* \* Case.—On the 5th inst. we were called some twenty-five miles to consult with Dr. W. K. C., of B., in Huron county; the patient, a young man, about 22 years of age, of strumous diathesis. Dr. C. was not there when I arrived, and as I had to wait some six hours, and some of the friends thought his coming at all quite problematical, we made some examination of the case, and learned of the patient how, in part, he had been treated, and what Dr. C. called the nature of the disease. We found him extremely emaciated, having daily hectic exacerbations, some nightly perspirations, copious purulent expectorations, with the left lung nearly consumed; pulse 130 per minute, and peculiarly undulatory; respiration small in the quantity of the air, and 20 per minute. I made no examinations of the fistula till the attending physician arrived; though the patient told me Dr. C. did not call it a fistula. And on farther questioning him, was told that the Doctor called it something like *venereal disease*! I also ascertained that he had never had any pain on micturition—no gonorrhœa, sores, rheumatic pains, disease of the cranium, or tibia; in fact, had *never* been *exposed* to the venereal virus in all his life.

When the Doctor came, I was informed by him that, the “lungs and liver were a little affected.” And upon questioning him farther, and telling him that the brother, when he came for me, said there was something like *fistula in ano*—the difficulty with the young man—that, since I had been there, the patient had told me his doctor did not call it a fistula; I was told by him that he regarded it as *sypilis*, etc. After a physical examination of the chest, and probing the two fistulous openings in the perineum, I knew he had been entirely mistaken in his opinions. He was a young man, partly educated in France, and partly in Cleveland, and a large part, I thought, in *no place*. He was discharged from the case.

But the treatment in this case, founded on so wrong a diagnosis, after the teachings of the “Regular School,” could have been none other than poorly adapted to a case of consumption. Indeed, I must say it was a specimen of the most murderous of ignorant quackery I have ever witnessed. The patient had been “reduced to give him a new constitution,” as the Doctor said; had been bled, mercurialized thoroughly, taken Iodide of Potassa, put to bed and fed on bread and water for fourteen days, had the anus and perineum blistered, etc., and he was now trying what he said was his “last and only hope and remedy.” It consisted of a plaster to counter-irritate the perineum and lower lobe of the lungs—to “draw out the

venereal poison and matter, and make the disease show itself." The plaster was composed of Adeps, Nitr. Silver, Mercury, and a third compound of some French preparation, containing Chloroform, but I do not now remember the exact formula. So successfully, indeed, had he reduced him, that there remained no possible chance for his recovery, and he must die. What better can such quackery be considered than murder? A day of reckoning for such must surely come.

A. D. SKELLENGER, M. D.

*Ruggles, O.*

### *Singular Case in Obstetric Practice.*

BY GEORGE KELLER, M. D.

On the 28th of February last, I was called to visit Mrs. J. Q., a healthy and somewhat corpulent woman, about thirty-five years of age, advanced about eight months, in her sixth pregnancy.

She informed me that there had been rupture of the membranes and discharge of the liquor amnii, some three or four hours before my arrival. This had occurred without any premonitory symptoms. She did not think she had unduly exerted herself, or partaken of any article of food or medicine which would have been likely to have brought on premature labor. For an hour or two after the rupture of the membrane, she had pretty severe labor pains, but these had gradually subsided, and at the time of my visit had entirely ceased. After waiting about two hours, and not observing any symptoms of labor, I returned home.

I visited her again on the 9th of March, eleven days after, and learned that during this time there had been a constant discharge of the liquor amnii, attended with a slight hemorrhage. She felt very comfortable, had no pain, and expressed herself as feeling as well as during any part of her pregnancy.

At my former visit I had enjoined absolute rest, and a light diet. The rupture of the membranes was attributed to their being weak and fragile, and not able to resist the changes taking place in the cervix uteri—the hemorrhage to the separation of the membranes near the cervix, the result of the diminution of the volume of the uterus after the discharge of the water.

As the hemorrhage was slight, I prescribed rest, cold acidulated drinks, and some other simple anti-hemorrhagics, and was not called to see her again until March 21st, twelve days afterward. During the last twenty-four hours there had been profuse hemorrhage, according to her own expression, "more than had attended her last three labors." From the previous history of the case, I did not think there was placental presentation, and as the motions of the fœtus were still vigorous, I thought it better, if possible, to quiet the uterus, restrain the hemorrhage, and permit the case to go on to full term, rather than induce speedy delivery, more especially since the previous hemorrhage had not produced very

serious constitutional disturbance. I therefore prescribed the following:

R. Pulv. Opii, grs. iii,  
Pulv. Ipecac, grs. vi,  
Geraniæ, grs. vi.  
Fiat chart. vi.

One to be taken every three hours. I also directed her to swallow, previous to its solution, ten or twelve grains of Nitrate of Potassa, in half a glass of cold water; this to be repeated every three or four hours if necessary. Under this treatment a coagulum formed, the hemorrhage ceased.

Next day at noon I visited her again. Labor had commenced in earnest, about three o'clock, A. M., and the pains had been increasing in force and frequency. On examination the os uteri was found considerably dilated—the ordinary vertex presentation present. Hemorrhage entirely ceased. About three o'clock, P. M., she was delivered of a small, feeble, though living child, which survived but a few days. There was not a great deal of hemorrhage after delivery, the placenta was soon thrown off, and she has since done very well.

We have here a case, in which delivery was delayed twenty-four days after the rupture of the membranes. I have never had a case similar to this in practice, and do not remember of noticing any in the books.

*Liberty Corners, Ohio.*

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*Extraordinary Accumulation in the Bowels—Relieved by the Speculum Vagince.*

November 8th, 1852, at 3 A. M., I was called to G. Hatfield, aged 17, who was suffering extreme pain in the lower part of the bowels, particularly about the anus; so that the slightest touch on any part of the thighs could not be borne.

On inquiry, I found that on the previous Saturday, 6th, he was busily engaged in chopping wood, in a locality where hickory nuts were abundant, and of which he was desirous to partake; but considering the ordinary process of cracking and picking a little too tedious, and accompanied with too much loss of time, he concluded to work and eat at the same time. So he would slip a nut into his mouth and masticate awhile, rejecting the larger pieces of the hulls, and swallowing the balance; and thus he went on chopping and eating all day. His bowels were not freely evacuated since Saturday morning, although he had repeated attempts at stool during the following Sunday, and each accompanied with increased pain and sensibility, and slight watery discharges. On Sunday night a strong cathartic compound had been administered by the family, the only effect of which was to increase the straining and pain; also, slightly the watery discharges referred to.

Viewing the case as an accumulation, in the rectum, of the indigestible portion of his Saturday's repast, I endeavored to produce their expulsion in the ordinary way, by means of cathartics; not forgetting in the first place to relieve the extreme sensibility of the rectum, with a small anodyne injection, composed of two grains of Opium, robbed up in an ounce of warm milk and water.

I then gave an ordinary dose of the Compound Powder of Senna; followed it in an hour with an injection of the same per ano. Two P. M., had several attempts at stool, nothing passed except a slight thin discharge of a natural color. The pain and sensibility of the rectum, which had been relieved by the injection, had within the last three hours become so severe, that I was induced to repeat the anodyne injection. I also repeated the cathartics, with the addition of two drops of Croton Oil. Eight P. M., the bowels not yet relieved, but had repeated strainings, with slight discharges as above, which now appeared to be involuntary. The pain and irritability of the rectum, by this time, was extreme—apparently insufferable. I resorted to the anodynes again, and then brought the patient gradually under the influence of Chloroform and Ether; so as to be insensible, but not unconscious. I then introduced the index finger, previously oiled, into the rectum, and found it firmly impacted with the broken shells of the hickory nuts which he had eaten. It was with the greatest difficulty that I could remove the least portion of it; but by perseverance and repeated attempts, (using the syringe in the meantime,) I succeeded in removing about a tea cup full. Some of the pieces were as large as a dime, and all presenting the sharp prominences of the ordinary hulls when broken. Up to this period the pulse and tongue gave no indications of any general disturbance of the system; although it was much to be feared that the excoriations of the bowels, occasioned by the passage through them of such a mass, must have been such as to give rise to very alarming symptoms.

Having removed all I could at this time, I withheld the anæsthesia, administered an anodyne injection, gave him a dose of Castor Oil in two hours after, and left, with orders to repeat the oil in the morning; also the injections of warm infusion of Slippery Elm Bark to be repeated at short intervals during the same time.

Nov. 9th, at 1, P. M.—Some slight indications of febrile reaction, bowels not moved, remained tolerably easy and free from pain since last night, had occasional straining with slight oozing of the contents of the bowels as above referred to. Continued the same treatment, with the addition of repeated warm baths, by immersing the body up to the neck each time. Eight, P. M., had several attempts at evacuation, the pain each time apparently intolerable, so that he was unable to maintain the upright posture, and had to be lifted by the attendants. Tongue partly coated with a white fuk, tip and edges very red, pulse 120, abdomen swollen and tender to the touch. It was evident there was no time to be lost, and the

ordinary means apparently were not adequate to his relief. The thought just then struck me, that probably I might render him some assistance by means of a tube inserted into the rectum, so as to keep up a continued distention of the sphincter ani, and thus enable me to dig it out. I immediately sent for my Speculum Vagina; placed him under the influence of Chloroform, etc. After considerable struggling and resistance on the part of patient, who was talking incoherently most of the time, from the effect of the anæsthesia, I readily introduced the instrument, and by gently manœuvring and expanding it, I found upon each withdrawal that I was making considerable progress; and thus, in a short time, from one to two pounds of broken hulls, and hardened fecal matter, mostly the former, were discharged.

Withholding the anæsthesia, I again administered a small anodyne injection, directed cold applications to the bowels and fundamen-  
-ment through the night, with occasional injections of cold infusion of Slippery Elm Bark.

Nov. 10th, at 11, A. M.—Remained easy and free from pain since last night, all the symptoms favorable, bowels moved lightly. Ordered small and repeated doses of Oil, so as to keep up a free but gentle action of the bowels for two or three days; rest enjoined, with the cold applications, until all soreness of the bowels had subsided. For several days minute portions of the hulls were passed with each vacuation, and more or less pain was felt by the patient for two weeks after, when he got perfectly well. ¶

Jeffersonville, Fayette County, O.

W. H. JONES.

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DEAR SIR:—Sometime since I received the Eclectic Medical Journal; I have examined it and am well pleased with it. I am pleased that you and many other are making efforts to unite the various shades of Reformed Schools of Medicine.

I am well satisfied, or convinced, that by establishing unity of sentiment, and harmony among the different schools of reformed medicine, that the science may be revolutionized, and the greatest good accomplished. The exclusiveness of the Botanic practice of medicine, as we have had it inculcated here in Georgia, does not meet the wants and necessities of the sick.

Milford, Ga.

J. H. HAND, M. D.

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PROF. NEWTON, SIR:—In compliance with your request, I report for the Journal two cases of tetanus, which were treated by the application of cold water. The first was that of a horse which occurred during the summer of 1849.

The tetanus was probably brought on from over work. After the horse was discovered to have tetanus, he was taken out of the team and led six miles. The horse had also a severe attack of "thumps," or palpitation of the heart. The treatment was com-

menced by pouring water over the body by the bucket-full ; this was continued until the palpitation somewhat ceased, at which time, by an examination, I found a strong determination of blood to the head ; I then commenced pouring, almost exclusively, on the head, and at the expiration of about an hour from the time of commencement, during which time I poured it almost incessantly, a complete cure was the result.

Second case was that of a child about two years of age, which occurred during the summer of 1850.

I happened in the house just before the attack ; the child was lying on a bed, rolling its eyes upward, with an involuntary twitching or jerking of the muscles of the extremities. While taking measures to procure some warm water, the child passed into a fit, accompanied with tetanus and suppressed respiration ; almost instantaneously the blood ceased to circulate through the capillaries, and the child's face became quite dark. The child was then carried to the door steps, and five or six large dipperfulls of water were thrown on the head in quick succession, the child making a desperate effort to open its mouth and to respire, but as the muscles were only partially relaxed, the pouring was resumed until the child's father was enabled to put his fingers into the child's mouth, passing them between the teeth of each jaw as the muscles gradually relaxed, until they became fully relaxed, at which time the water was discontinued. I neglected previously to have mentioned the fact, that during the struggle preceding the fit, considerable mucous was thrown into the mouth, which may have been the principal cause of suspended respiration. Within from thirty to forty seconds from the commencement of the application, the system was fully relaxed. A physician that had been sent for soon arrived, and administered Ipecac and produced vomiting in about ten minutes. After having examined what was thrown up, was satisfied that the difficulty or source of the disease was not from derangement of the stomach. After the physician had gone I desired the parents of the child to give copious injections of warm or tepid water, which was done, and was followed by copious discharges, in which was discovered articles of food that the child had eaten three or four days before.

The child speedily recovered, having no further difficulty.

Respectfully,                      BARTON PICKERING.

Cincinnati, Ohio.

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#### *Reform in Rhode Island.*

The following letter to Dr. Buchanan, shows how liberal minds are outgrowing the shackles of Hunkerism :

MY DEAR SIR :—Pardon the liberty a stranger takes in thus introducing himself to your notice ; but one great principle, *medical reform*, breaks down the barriers of exclusivism, and makes *all*,

who are co-laboring in that great field, common friends. As a friend and co-laborer in the work of medical reform, I write you; receive this communication in the same spirit of unitary purposes.

Some kind friend, in Cincinnati, has, from time to time, mailed me the announcements of your Eclectic Medical Institute; and through the same hand I also received your Introductory of 1851. I need not tell you how much your efforts and your success encouraged me.

I am a graduate of Glasgow—a practitioner of nearly sixteen years standing—but I commenced practice a medical heretic, and soon became a medical sceptic. Twelve years ago I threw away the bleeding lancet, the leech, the scarificator, and for upwards of eight years I have wholly repudiated Calomel and Antimony in my practice. And what has been the result? Although my success greatly exceeded that of the regular school, I have been denounced and decried. And my position? An outcast from the sympathies and fellowship—the recognition and consultation of my medical confreres.

Nor have I been idle in the field of reform, having corresponded with upwards of six hundred medical men, resident in every section of the United States; and I have the satisfaction of knowing, that through these efforts no inconsiderable number of practitioners have been alienated from the ranks of Allopathy, and have been emancipated from their bondage of the lancet and calomel.

In my practice I am indeed Eclectic—the slave of no sect or party; in principle, and from conviction, a believer in the unity and periodicity of *all* disease, I am in practice as Eclectic as Eclecticism herself.

Allow me to congratulate you upon the success of your Medical Institute, and to express the ardent hope that each session may add to your influence, and the extension of the principles of true medical reform. And I am pleased to know that your present class is so large, and so intelligent as I have learned it to be.

As I said, I am a medical heretic, and per consequence, a medical outcast; but I am not discouraged in the work of reform, or disposed to lay my weapons down and die.

I often wish that my location was more westward, then I could find pleasing associations, and hours of mutual fraternity amongst men of kindred views and sympathies with my own.

But the East is my location—New England my field of labor—and I maintain the unequal battle by an occasional bombshell in the shape of a small pamphlet, (my enemies call them squibs.) These pamphlets have already nearly killed the Calomelites and the Lancetites of Allopathy around me—not the men, but their mis-called remedies.

Excuse this hasty epistle, written amid the interruptions of almost constant callers at my office, and believe me ever yours most truly in the cause of Medical Reform.

J. E. K., M. D.

*Pawtucket, R. I.*

PROFESSOR B. & N., GENTLEMEN:—I see in your last (Nov.) number, of the E. M. Journal, there is a notice of a convention to be held in your city, November 16, and a request for all to attend who can, and also a call for communications—especially if anything new or important. The dysentery is, and has been considered, a formidable and fatal form of disease in the south-western parts of Michigan; and under the fashionable treatment, I think two-thirds have died, so far as my observation extends; and they seek to lessen their *culpable* guilt by raising the cry that “it is especially malignant this year.” But, sir, it is so every year—equally fatal; and doubtless always will be while they continue to bleed, blister, give Calomel, Blue Mass, Nitrate of Silver, Sugar of Lead, and other deadly poisons, internally, and case after case treat with the same deadly agents—as if the great point in Therapeutics is to find out what will kill, and then apply the deadly agents. No wonder Dr. Rush exclaimed, “We multiply disease and mortality.”

I will briefly give you the leading features of my treatment in the above disease. First, if the case required it, I administered an emetic of Ipecac and Lobelia Infusion, equal parts; then gave a physic of *pure* Corn Oil; to an adult, a table-spoonful every two or three hours, until the bowels were thoroughly *purged*. It might require from two to three table-spoonfuls to do the work. As soon as the cathartic action ceases, I then take the following mixture:

℞. Compound Spirits Lavender, ℥ij.  
Tinc. Rhei., ℥ij.  
Laudanum, ℥j.  
Oil Cinnamon, gtt. 60.  
Tanin, grs. 40.

Shake all together until thoroughly mixed, when it is ready for immediate use.

My rule commonly with an adult is, to give from two-thirds to a whole teaspoonful after every third movement of the bowels, and so continue. Sometimes I have given the second emetic, and frequently the second and third physic of the Corn Oil. I find also an advantage in giving (where there is much pain and large discharges of mucus,) once in three hours, half or a whole teaspoonful of the oil. Where there are symptoms more than ordinary of inflammation of the bowels, I apply a cloth from four to six thicknesses, wet with cold water, on the bowels. I will not stop to give a reason for this course of treatment at present. Try it, and it will satisfy any one of its decided superiority.

I have had more than fifty cases the past season, and have not lost *one*, and the above-described has been my course of treatment; and so sure was I of the certainty of success, that I proclaimed to the country at large, that if the people would call on me in seasonable time—that is, before other medicines and poisons had been given—and if they would follow my directions, and then should



any die, I should charge them nothing ; and I fear not, year after year, to act on the same principle. B. S. BOYASTON.

N. B. The use of Corn Oil is a discovery of my own—by mere accident. I have also used it in sundry other and different cases : it does well as a common opening medicine, and in soothing an irritating cough ; and I hope the Eclectic practitioners will more fully and extensively test the matter. B. S. B.

*Schoolcraft, Mich.*

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## ON PANAMA FEVER, AS MODIFIED BY CLIMATE

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BY H. DOTY.

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[A thesis submitted to the Faculty of the Eclectic Medical Institute, at the close of the Spring Session of 1858.

THE name which has been given to this fever by common consent, is not at all expressive of its characteristics ; neither are the names which have been given to it by different physicians, any more appropriate. It has been respectively called by different physicians, Congestive, Typhus Bilious, Typhus, and Pernicious ; neither of these names, however, convey any idea of its true character. There probably can not be found a word in the English language sufficiently protean in its composition to convey a true idea of its real character, unless we should adopt the name once proposed for the invisible spirit of wine. It matters but little whether it be called by any one of the above names, or by all of them put together ; it will be sufficient for me to call it *ASTBRINOUS*, which expresses its true nature wherever found, either in Central America or in our own country. It is always characterized by a defibrinized condition of the blood—neither change of climate nor different modes of treatment can modify it in this particular—so that the physician should always bear in mind that the treatment necessary to a cure of this disease should be different in many respects from that usually pursued for malarious fevers contracted in this country. The vast number of deaths which have occurred among those who have taken this disease on their return from California, renders a knowledge of this subject the more important. A wail has gone up throughout the land, like the wail of Egypt when all her first-born were smitten by death in one night. It is heard in the populous city and in the quiet farm house, among the rich and the poor, the high and the low ; each class of society has contributed its number, and each has to mourn the loss of fathers, brothers, husbands, and sons, in consequence often of the improper treatment of the disease ; for

Panama fever is as easily cured as any of the aggravated forms of malarious disease contracted in this country. The man who fell among thieves while journeying from Jerusalem to Jericho, was only stripped and beaten and left half dead by the wayside ; but the individual who, when afflicted with this disease, is so unfortunate as to fall into the hands of the heroic knight of *calomel* and the lancet, will soon be placed beyond the ken of the most vigilant Samaritan, where neither oil nor wine can reach his case—he dies a sacrifice to ignorance ; or what is more, a blinded prejudice, which forbids the use of every remedial agent which is not strictly orthodox. All the combination of causes, both moral and physical, which are brought to bear in the production of this disease, does not, and can not exist elsewhere. Malaria has much to do with it, and is no doubt the most prominent and exciting cause ; but the extreme anxiety of mind which every individual has when on his way to the land of gold, as also on his return to his long-wished-for home—the sudden change of climate from the cool and invigorating breezes of the north to the warm and humid atmosphere of Central America—the necessary and complete change of diet, from stimulating animal food to the insipid vegetable diet peculiar to tropical climates—exposure and fatigue while traveling, even by the best conveyances—the humidity of the climate which is everywhere present—all tend to debilitate the nervous system to an extraordinary degree. Few are aware of the extreme humidity of the atmosphere of Central America. It penetrates the driest rooms where fire is not present. Articles of clothing, after becoming damp, will mould and mildew, even in the bed-chamber, if not exposed to the direct rays of the sun. The walls of the dwellings, the city walls, and even the spires of the cathedrals, at Panama, are moss-grown and festooned with creeping vines to their very tops. This dampness is produced by natural causes which always exist in tropical climates. The atmosphere over the ocean, in all latitudes, is always saturated with moisture, self-sustained and in an invisible state. The great capacity of the atmosphere at Panama to retain moisture, is in consequence of the extreme heat, which is always present to expand the air, and thus enabling it to retain a greater amount of moisture than is present in more northern latitudes. The capacity of the atmosphere to retain moisture, is said to increase at a faster rate than the increase of temperature. A volume of air at thirty-two Fahrenheit, is said to contain a quantity of moisture equal the 160th part of its own weight ; but for every twenty-seven additional degrees of heat, this quantity is doubled. The extreme humidity extends inland from the Atlantic, on the east, and the Pacific, on the west, saturating the entire atmosphere over the narrow neck of land which forms the dividing line between the two great oceans, wrapping the entire isthmus in one never-ending and eternal vapor bath. Where this condition of the atmosphere is present, the decay of vegetable substances must be extremely rapid, which is supposed to be the

true cause of malaria. What this invisible something is, the presence of which no chemical analysis can detect and no course of reasoning prove, remains a question as yet unanswered. By some physicians it is supposed to be sulphureted hydrogen gas, as malaria does not exist where this gas is not present. This ground is untenable, as sulphuretted hydrogen, of itself, will not produce the symptoms which are produced by malaria. Others again suppose it to be the product of decayed vegetable matter. Although this is the generally received opinion, facts are not wanting, however, to show that malaria has been present where no vegetable decay could exist, as in rocky sections of country where not even grass was present. Others again suppose it to be due to a peculiar electrical condition of the atmosphere, which exists in sections of country subject to malarious diseases. Whatever this may be, which is known only in its effects, it is settled beyond a doubt that within the tropics, where heat is most intense, and moisture most abundant, its effects are most pernicious.

Having glanced at some of the more exciting causes of this disease, I will next proceed to point out the general symptoms, as they exist in their first stages, and also as modified by climate. It will be seen that all the causes of this disease are such as would tend directly to defibrinize the blood; and however varied the forms of fever which these causes produce, they are all afebrinous. The symptoms of this disease vary according to the different parts of the system which are attacked. If confined to the circulatory system, the symptoms are of course entirely different from those which would occur if the brain and nervous system only were involved. The nervous and circulatory systems may be involved at the same time; and this is the form of the fever which the physician most frequently meets with in this country. To this fever, as modified by climate, it is my design to confine my remarks, as physicians in this country will seldom have occasion to treat this disease in its incipient or primary forms. It may, however, be necessary to give the symptoms of this disease as it exists previous to its modification, which are not so complicated as after a course of medication or change of climate. The symptoms which I shall first name are those in which the circulation is most involved. The first sign of approaching disease may be chilliness, with a sensation of internal heat. He feels as if his blood were on fire. If he should grasp any hard substance, he feels a sensation of heat wherever the substance comes in contact with his hand, which seems almost sufficient to produce vesication. His senses are benumbed; he avoids the society of his companions, and wishes to be alone; is extremely irritable, with deep-seated pains in the back and limbs; becomes careless of life, and loses all interest in surrounding objects; the tongue is pale, and retains the impress of the teeth—frequently but little altered in its appearance from its natural healthy state; his pulse is small and frequent; his face assumes the appear-

ance of strangulation, or of livid paleness; difficult respiration—each breath seems to require an effort of the will; at times he forgets to breathe; this is the sensation, as when the attention is called to the act of respiration, it does not seem difficult to perform; but to require an effort of the will, it is no longer involuntary, and is not satisfactory; thus effort after effort is made, which resembles a succession of deep sighs. At this time fainting frequently occurs, coldness of the extremities, and the surface of the body is covered with a profuse and cold perspiration. Extreme thirst is always present. These symptoms may be followed by others more violent. The eyes become sunken, the countenance assumes the peculiar expression which is sometimes seen in cholera. These symptoms prove fatal in a few hours, if not promptly relieved. Each succeeding attack is more and more severe; if not properly treated in the interval, they will occur at uncertain intervals, being often induced by improper treatment. A few days, however, are generally sufficient, with proper remedial agents, to produce a mitigation of all the more violent symptoms. The disease then assumes a more intermittent form; ready, however, to assume at any time, if not carefully treated, any or all of the more dangerous symptoms above described. It is this more modified form of Panama Fever which is most frequently met with in this country. The symptoms are, extreme debility; profuse and horribly fetid night-sweats; the whole surface assumes a deep orange color, showing the presence of bile in the circulation; vertigo, with nausea and vomiting; frequent epistaxis, and sometimes gastric hemorrhage; the pulse is always irritable, and sometimes less than forty per minute; the tongue is but slightly coated, never dry, and as before mentioned, retains the impress of the teeth; the appetite is variable, changing as other symptoms change; a peculiar dislike to warm drinks, and all kinds of salted food; the urine is high-colored and scanty, depositing large quantities of lethic acid; the bowels are generally constipated; sometimes, however, diarrhoea supervenes, which is followed frequently by fainting, difficult respiration, vertigo, and vomiting. If medicines are given to arrest the disease, such as Quinine, Opium, Hyoscyamus, and Camphor, some of the symptoms are at once mitigated, while others are increased. The pupil dilates from a medium dose of Hyoscyamus. Difficult respiration is apt to supervene from a small dose of Opium. Five grains of Quinine will produce deafness. Any or all of these medicines will serve to arrest the disease, but in a short time it breaks out again anew when the effect of the medicine becomes exhausted, or from errors in diet, over exercise, or extreme excitement. The patient is not cured—the storm is allayed but to break out again with more fury. Thus the patient may go on month after month with constant medication, but without relief. It will be seen that it is of the utmost importance to distinguish this form of fever from that produced by malaria of our own country. As upon a proper diagnosis will frequently

depend the life of the patient, as the treatment should be different in order to bring about a safe and speedy cure. We next come to the treatment.

It would hardly seem necessary to say, in this age of medical reform, that the two great outlets of human life, *Calomel* and the *Lancet*, should in all cases be avoided. The old Hebrew doctrine, that the Devil could be cast out through Beelzebub, the prince of devils, was exploded more than eighteen hundred years ago, by him who spoke as never man spoke; and the whole process of reasoning which proved that Satan can not cast out Satan, has been handed down to us; and yet it seems that there is a class of physicians more blind than unbelieving Jews, who still cleave to this doctrine, and continue to administer poisons to their patients more dangerous than the disease itself, pretending to cure the most malignant and dangerous diseases which flesh is heir to. It may be considered superfluous, in this connection, to say any thing in regard to the allopathic mode of treatment in this disease. It would seem that arguments backed by the best of proof, are useless to reclaim those who have become used to the lash. Like poor Rip Van Winkle, who had become accustomed to the flagellating tongue of his worthy dame, for his idle and vagabond habits, they simply shrug their shoulders, cast up their eyes, but say nothing. Strange as it may seem, there are yet to be found physicians who let blood in this disease. Calomel is used without reserve by those who are unaccustomed to this form of fever. Tonic medicines, as a general thing, produce no good effects in this disease. Cathartics are generally used to excess. The bowels are always in a highly susceptible condition, a condition which is always present in warm climates, and yet without regard to location and without taking this peculiarity into consideration the bowels are dredged with cathartics until their tonicity is destroyed, a diarrhea follows which soon becomes chronic, then ulceration of the bowels and death. This condition is frequently seen in this country among those who have returned from warm climates, after suffering there from fever and this form of treatment.

If cathartics are ever given, it should be done in connection with emollients, in order that the bowels may be shielded from any irritating effects. Homœopathic practice in this disease does not amount to a medicinal hint. I was informed by the physician who had charge of the Homœopathic Hospital, at Sacramento City, in 1849, that he had not succeeded in curing a single case of this fever with the ordinary Homœopathic doses. I have seen it tried repeatedly, and never, in a single instance, with success. However beneficial it may be in many forms of disease, it certainly fails in this. The treatment indicated for the more active symptoms, is to equalize the circulation by the application of warmth to the extremities, and such an amount of friction to the parts which are cold as the patient can bear. As to the treatment necessary

to the complete removal of this disease, it would suggest itself to the mind of any individual, that if a remedy could be found which would produce a tonic effect, without increasing the inflammatory symptoms, and also that would reduce these symptoms without producing prostration, that such a remedy would be best adapted to the cure of this disease. Such a remedy the nation of Central America have found, which for them is always efficient, whatever the form of fever may be; generally curing in six or eight days. It consists in the use of the vapor bath, followed by cold affusions. The older portion of the female community, acting as physicians and nurses, no *extremely* scientific physician would perhaps be willing to use a means so simple. Wash and be clean, as a prescription, was once rejected by a king.

The mode usually adopted by the natives, consists in first stripping the patient, if he is not already in this condition, as a full dressed native frequently has only a cotton cloth tied about his loins, a blanket is then thrown around the body, leaving the head exposed. In this condition the patient is placed over a vessel containing hot water, in which various herbs have been placed, and warm herb teas are frequently given as a drink. The patient remains in this situation until free perspiration is induced, and is then removed and allowed to plunge into water. This process is repeated every day, or as often as is thought necessary, until the disease is cured, which is, as above stated, in from six to eight days. This, or a similar mode of treatment, is equally efficacious in the more modified forms of this fever. The warm bath, or alcoholic vapor bath, followed by cold affusions, has succeeded in many cases where medicines have entirely failed. The cold affusion is necessary in order to avoid the prostrating effects of the frequent use of the vapor or warm bath. When a cure is effected in this way it is permanent, which is not apt to be the case where medicines are used exclusively.

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For the Eclectic Medical Journal.

### ZOONOMIA; OR THE LAW OF ANIMAL LIFE.

A Lecture Delivered at the Smithsonian Institute, Washington, United States, on March the 8th, 1853. By MARSHALL HALL, M. D., F. R. S., Foreign Associate of the "Academie de Medecine, of Paris, etc., etc.—*E. M. Journal*.

By W. BRAD POWELL, M. D.

We have read this lecture, and have much approbation and something of criticism to bestow upon it. It is novel, and much of it, if not all, is true. We are pleased with it, furthermore, because it is so far resembles, and seems in harmony with a leading doctrine of our own, and thereby renders it such aid as to claim

for it an equal consideration. Our doctrine is more practical and so much more extended as to point out with function the coincident organization, and in this wise it becomes highly inservient to pathological philosophy and clinical practice.

We admire the axiomatic manner in which he has treated the subject, but we are not prepared to admit the truth of some of his fundamental propositions, nor the fitness of some of his explanations and illustrations. He says that, "In the animal kingdom, *two* forms of dynamics exist: the first has its seat in the nervous system, or, more definitely, in the spinal and ganglionic sub-systems; I venture to designate it by the term *neuro-dynamic*. The second has its seat in the muscular system; it may be designated *myo-dynamic*." We object very seriously to these propositions—they are mere assumptions, or we are very greatly mistaken. If the myo-dynamic power be independent of the nervous system—if it reside inherently in the muscular fibre, and so we understand him, then it follows that there is no necessity for a corresponding development between the muscular and the cerebral systems, and yet the contrary is very manifest.

The function of muscular fibre is to contract, and the power that occasions this contraction is his myo-dynamic: Grant this proposition, and it follows that the strength of animals depends upon the size of the muscles, *ceteris paribus*, with the exception of any possible nervous influence; for according to his statement there is no nervous dynamic involved in his myo-dynamic force. Upon this principle the eagle should be, according to its size, a feeble bird. We have said that the essential function of a muscle is contraction; and we now state that the essential function of the skin is to feel in a certain way, in a way to admonish us of the quantitative existence of surrounding bodies; this, then, is a cutano-dynamic force, and it has as much right to claim an existence, independently of the nervous system, as a muscle has.

He attributes the neuro-dynamic force to the ganglionic and spinal sub-systems. It is difficult to prove this statement to be pregnant with error, but it is easy to demonstrate it. We venture to assert that the Professor never has and never will witness a masterly display of myo-dynamic force without a cerebellum highly developed, when received in connection with the existing temperament. If this be true, and we refer to nature for the proof, it follows that the myo-dynamic force belongs to, and inheres in the cerebellum, and not in the muscle.

We contend for three forms of *dynamics*; the first inheres in the cerebrum, the second in the cerebellum, and the third in the ganglions. In or about the great commissure of the brain the two former are united, and through this union the two forces reciprocate their influence; and in the spinal column the two latter unite, and through the medium of this union, they reciprocate their respective influence. The first of these forces is peculiarly mental, the second

animal and the third vegetative. We have not time to dwell on these propositions, but in a forthcoming work we trust that they will be found pretty satisfactorily established.

After some illustrative remarks he says: "By creation and the operation of natural causes, then, the inverse ratio between dynamic and stimulus, in animated creation, is the law of life."

"The attempt to invert this law in either direction, and equally in either direction, is to destroy life. Unduly to augment the stimulus when the dynamic is high, or unduly to diminish the stimulus when the dynamic is low, is to interrupt the vital actions."

As abstract propositions we admit the preceding to be true, but in their application we shall have to allow an extensive *ceteris paribus*. By way of explanation, he says that: "Low dynamic requires high stimulus; high dynamic, low stimulus. The higher the dynamic, the more capable is the animal of the farther abstraction of stimulus, and *vice versa*." As an illustration of this law he cites us to the "tadpole of the frog," which he says, "breathes in water, and feeds on water plants; the same tadpole becomes a frog, breathes in atmospheric air, and feeds on insects; it has become a higher breather, a higher feeder. In the former state, the dynamic, in the latter, the stimulus, is comparatively greater."

This is, in some respects at least, an unfortunate illustration; the tadpole is as thoroughly an atmospheric breather at one stage as the frog, and will drown, in less time. He continues: "Throughout animated nature, as I have already stated, in all the varied forms and modes of life, from the eagle to the serpent, the dynamic and the stimuli are in an inverse ratio to each other. Such, as I have observed and repeated, is the law of life. In the bird tribes, the quantity of air and food imbibed is extreme, the degree of dynamic very low; in the reptile tribes, the quantity of stimulus is low, and the degree of dynamic is high." The practical inference from these propositions appears to us to be about this: That when an animal is so nearly lifeless that it can barely manifest the existence of vitality, it possesses intrinsically more dynamic force, which we hold to be equivalent to vital force, than the animal which manifests, in the highest perfection, all the functions that distinguish animal organization in its most perfect condition. This conclusion is either not the fact, or if it be we are too dull to comprehend it.

Now, while we admit the truth of this principle, we are compelled to oppose the Professor's application of it; we hold it to be not only untrue, but absolutely absurd. Webster defines dynamic to be power—"of bodies in motion." At this point another important question arises: What is dynamia, or dynamic power? Is it something that is independent of organization, or is it a result of organization? Without attempting a settlement of this question, we may safely assert that there is but one measure of it, and that is organization. According to the Professor, the



more *static* an animal is, the greater is its dynamis, and *vice versa*. This reasoning involves an absolute contradiction. He says that the caterpillar and reptile have a greater dynamis than the butterfly and bird, consequently the child with an imperfect organization has more than the adult, and those feeble individuals who are organically liable to phthisis, have more than the athletes.

We know of no means of arriving at a knowledge of vital dynamics but by their manifestation, and as the bird and the butterfly manifest a greater variety and energy of function than the caterpillar and the reptile, the adult man more than the child, and the athlete more than the organically feeble, we infer that the former, in such instances, have a greater dynamis, or what we have long been in the habit of designating *vital force*.

In the investigation of this question it appears to us that we should make a distinction between that stimulus, as food, drink and air, upon which development depends—upon which the vital dynamics depend for efficiency, and that stimulus upon which they do not depend, as solar heat, excessively oxygenous air, alcohol, opium, quinine, etc. If the professor were to apply his law of life with reference to this second class of stimulants, it would be in our opinion, not only true, but would furnish an easy explanation of the various forms of disease that afflict human society. With this application his laws perfectly coincide with those organic conditions, the functions of which we profess to have discovered, and to which we have referred, in the earlier part of this article, as about to appear in a forthcoming work. We profess the ability to demonstrate the truth of our conclusions, by an appeal to organization, while those of the Professor do not admit of such a demonstration without the qualifications we have above made, and the necessity of this qualification can be further illustrated. We can take a child of stimulus or feeble dynamis, according to his views, and by a neglect of exercise and proper stimulus, or food, and effect the reverse of this condition. Such a fact shows that the dynamic power of a vital organization, is not an abstraction, but the result of the germ and the stimulus. The most perfect order of the human race, or that of any other race, must possess the greatest dynamis—all of the functions must be performed with the greatest degree of perfection. And truly, according to his *zoonomia*, such a being, or order of beings, can not brook an increase of stimulus, but may bear with a great reduction.

We will now give such illustrations of this law, as we have introduced, in the forthcoming work before alluded to, to account for some of the forms of fever, without the aid of a supposed miasmatic poison. Take a man whose organization should represent a fine model of the race—one, who according to our doctrine of the vital force, is highly endowed with it—one, who according to the law of Prof. Hall's *zoonomia*, has but a feeble dynamis or dynamic power, and expose him under the influence of a dry tropical sun,

and he becomes afflicted with remittent fever; thus showing that he can not endure an increase of stimulus; but place the same man in a humid and shaded marsh and his health is apparently undisturbed; thus showing that he can brook, with impunity, a reduction of stimulus. Again—take a man of feeble vital force, or strong dynamis, according to Hall, place him in the shaded and humid marsh and he becomes the subject of intermitting fever, chronic hepatitis and splenitis; but transplant him to a more dry and ventilated situation, in the same climate, and he is comparatively exempt from disease—his constitution required the stimulus of caloric and electricity; and the same is also true of young children.

Prof. Hall says, "we observe, in fact, that when the stimulus is *dis*-proportionably low, the animal is of low activity; and that when it is *dis*-proportionably high, the animal is in the enjoyment of an intense degree of activity." We would say that when vital force, (the lateral portions of the cerebellum,) are *dis*-proportionately feeble the animal is of low activity; and when it is *dis*-proportionately strong the animal is in the enjoyment of an intense degree of activity. We have maintained when the vital force is low and deprived of stimulus, particularly that of caloric, it degenerates into tubercle; and when it is strong and supplied with the stimulus of ingesta, it may result in gout, rheumatism, or some high order of fever, under even trifling causes of excitement.

There is another view to take of this subject, which, to our judgment, is not less exceptionable than those we have pointed out. If we comprehend him, his notion is, the longer an animal, or a muscle, can continue to act under a cause of irritation, the greater is its dynamis. In other words, when an animal is so highly organized as to manifest exalted functions, it is of low dynamis; and on the contrary when the organization and functions are so low that it becomes difficult to determine whether it is animated or not, then it has the highest degree of dynamis. In this respect the lichen is of a higher order than the mimosa—the serpent than the most perfect of men—the egg than the chicken in the zenith of its perfection. Such a conclusion is repugnant to all of our ideas of power or dynamics. Before we admit that the tadpole, in its early state, before it becomes an atmospheric breather, has a greater dynamis than subsequently when more developed, more active and a thorough breather—more too than when it has become a toad, we must attach to the word dynamis a very different idea from that which is attached to it by lexicographers.

Our conclusions are, and have been, that the lower the dynamis the higher the stimulus that may be endured, and the reverse. The application of this principle becomes of practical importance every day in the practice of medicine. All young children, and those adults, who possess a low dynamis, should, when sick, be placed in a high, dry and an electrical atmosphere. Hence, for such patients, the third or fourth stories of a house is better

than the ground floor; and on the contrary, those of an athletic or high dynamis should prefer situations of a reversed character. Gentlemen who are lean and fibrous, or of low dynamis, would best promote their health by living on the high lands that surround Cincinnati; it would be better, also, for all children; but adults of a full habit, high livers and breathers, would more surely secure good health in the valley.

Finally, the difference between Prof. Hall and myself is one of name and not of application, when we are understood respectfully. Low dynamis with him is high vital force with us; and high dynamis with him is low vital force with us.

With the qualifications we have suggested, there is no appreciable difference between Prof. Hall's conclusions and our own. He arrived at his by observing the results of different classes of animals, and we were forced to our's by observing the results of the different temperament under similar circumstances and coincident organization. Our conclusions are the most available and practical, because upon seeing the organization we can not only predict the results, but pathologically and therapeutically avail ourselves of the information thus acquired.

Neither the views of Prof. Hall, nor those of ourself, hold any similitude with those of Darwin or Brown, but include them, so far as they may be true. The Brownian system or hypothesis assumes that animal existence has the power or susceptibility to be irritated or excited, and that every impression made upon it results in irritation or excitement, and with reference to those excitants, which are normal and essential to excitement and repair, the actions produced consist in the discharge of essential functions; but when excessive, direct debility is occasioned, and when deficient, the result is an accumulation of excitement, or as he termed it, indirect debility. Upon these two conditions he founded all forms of disease, and divided them into classes, which, respectively, he called sthenic and asthenic. His treatment, therefore, consisted in the means to increase or decrease the excitement, without any reference to specific symptoms.

If we admit the abstract truth of the Brownian theory, it could, in our opinion, be of no service in practice, because all degrees of vital force are liable to the same varieties of vital action, the difference is only one quantity; and then, the human system is as capable of as many local or special excitements as it has apparatuses; and further, we hold it to be impossible to produce a universally pervading abnormal excitement. It is useless for us to pursue this enquiry further, because it must be apparent to the reader that there is not the least analogy between our views, or those of Prof. Hall, and the Brownian theory.

When we deny the hereditary character, or entail of a disease, or of a predisposition to disease—when we contend that all forms of disease are governed by special organic conditions—that a cor-

tain and definable organic arrangement of the brain, under certain conditions, produce or result in phthisis, etc., our professional brethren assume an air of incredulity, but they will talk about diathesis, predisposition, hereditary proclivity or entail, and believe that each of these words conveys an idea, and that they really know something of the premises.

When we commenced experimenting for the purpose of discovering the human temperaments, by the configuration and relative development of the brain, our professional brethren, (those who knew the fact,) whispered it about that we were of unsound mind, and expressed their commiseration at our misfortune; but those of them who still live, have had their commiseration changed into admiration. Even Prof. Caldwell, as we have been credibly informed, has changed his opinion on the subject, and is almost ready to admit that there is nothing impossible. We have, then, some reason to hope, that when he shall have learned that we attribute certain forms of disease to certain cerebral conditions, or developements, he will pause before he pronounces it "*pretension*."

Suppose we admit consumption to be hereditary, may we not enquire, after *that*, in which the hereditary element inheres? Is it something abstract and spiritual? If it be in the organization, may not the sign of it be discovered. Some persons have a musical talent, some a poetical one, some a mathematical one, etc., and were not the organic signs of them as completely hidden, in every age of the world, till about seventy years ago, as are the cerebral or organic indications of liabilities to certain forms of disease? Before the days of Gall, it was admitted that a talent for music, painting, poetry, etc., was frequently hereditary. It is now known that neither the music, the painting, nor the poetry was entailed, but that certain organic forms were, which contained or occasioned the manifestations of these special talents. Those who have the mortification to remember that they laughed at the discoveries of Gall, should feel admonished to examine our pretensions before indulging their mirth, for common sense will admit that if poetry have an organic sign, so may phthisis, rheumatism, epilepsy, apoplexy, etc.

P. S. Since the preceding was put in type, we have had leisure to give the subject further examination and consideration, and although the conclusions of the Professor are opposed to our conceptions of life, yet according to the definition of the word *dynamica*, as given by Dunglison's Medical Dictionary, he is correct; but according to that given by Webster, our objections are well founded; or it might be observed, that the whole weight of the question turns upon the meaning we attach to the word *dynamis*. With one authority it means a latent force, with another an active force.

Covington, Ky.

## PART II.—EDITORIAL.

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### THE STRENGTH OF ECLECTICISM

LIES in this great CENTRAL VALLEY of the Republic, which was formerly called the WEST. Here were made the first efficient exertions, by schools of an honorable character, for the propagation of a true healing art. Here, in the heart of Ohio, the distinguished pioneers of our cause, THOMAS V. MORROW and ISHABOD GIBSON JONES, established the WORTHINGTON COLLEGE, at a time when medical reform was scoffed at with contemptuous arrogance. To that school, many of our worthy practitioners in the prime of life, or in the latter years of an honorable career, look back as to their Alma Mater. Hence, while reform languished in the East, under the undignified influence of Dr. Beach, who had no just conceptions of the dignity and scope of medical education—who decried the value of anatomical and thorough professional education, (regarding the study of his book as the only matter of much importance,) medical reform in the valley of the Ohio has become one of the great elements of human progress; and our college ranks among the most honorable and influential in the land.

Later in the day, the fragments of Eclectic reform in the northeastern regions of the republic, struggling for vitality and scarcely able to stand erect without leaning on the adjacent strength of Thomsonian herbalism, have been making an effort to appear before the public with an array of medical colleges, and to spread the principles of medical liberalism in a region where they are deplorably needed.

These attempts, however, did not embody the necessary elements of success; and without inquiring in detail why they have not succeeded, it is sufficient to refer to the fact that there is not at the present time a prosperous school of medical reform in the East. The only school remaining in New York (that at Syracuse,) has recently been abandoned by several of the faculty, with an intimation that as it was not established in a safe and substantial manner, they thought it well to withdraw in good time. The school in

Philadelphia, though fully organised, is but little more than a germ in magnitude, and time must decide whether it is to grow into any thing of importance. The school at Worcester, originally of Botanic or Physio-pathic associations, but now substantially Eclectic, is the most successful enterprise as yet; but the number of its pupils does not exceed 40 or 50. The whole of the eastern schools together would not make a class to which we could consent to lecture a single winter, unless it should be as the mere commencement of a growing enterprise.

Under these circumstances, Cincinnati must continue to be the center of Eclectic reform, and its increase to the westward, among the more liberal people of the new states, will probably equal its increase at the East. If any common objects require the concentrated and co-operative action of the profession, Cincinnati is the focus where such concentration may be procured, if obtainable at all. Under this impression, a national convention was called at this place in the year 1849, to organize a National Eclectic Medical Association. After several meetings here, a spirit of courtesy prompted the movers in this matter to propose a meeting at Pittsburgh, with the view of calling out reformers residing further east. Being at that time the presiding officer of the association, and being prevented by sickness from attending the Pittsburgh meeting, we earnestly recommended to the convention the abandonment of the title of National, which was entirely inapplicable. A local meeting, composed mainly of a few physicians from the neighborhood, has no right to style itself a National Convention or Association; and the effect of such a title is only to give the public a very poor opinion of the entire Eclectic party where their *national* meeting presents so slim an array. These local meetings in the different cities, are useful; but as they do not embody the aggregate strength, the sentiments or character of the profession generally, the assumption of such a title is manifestly improper, and conveys a false impression.

True, we have, through courtesy, given to these meetings the title which they assumed as *National*; but we would now say that these poetical liberties in the use of language, should terminate; and we cannot recognise any local meeting of physicians (not large enough to fill a private parlor,) as a national assembly. Whether such meetings are held in New England, Florida, or California, we shall recognise them for precisely what they are, and nothing more.

Meetings at the eastern border of our republic are not central to the Eclectic medical profession, and consequently they merely serve the purpose of enabling a few gentlemen residing in that quarter to present themselves and their personal views or wishes before the public as national matters, emanating from the representatives of the entire profession.

The late meeting in Philadelphia (a mere sectional affair,) appointed the next annual meeting to be held at Worcester, Massachusetts, and elected as the presiding officer for the year, a gentleman who may be everything right, but of whom we have never before even heard the name. The proceedings of the meeting contain but little of much importance, and we have not thought them worth republishing. To call this little display a *national* affair, is a ridiculous misnomer. In fact the National Eclectic Medical Association has substantially ceased to exist. The constitution and by-laws *are here*; and the parties who are carrying on the ceremonies and keeping up the name, are probably not aware of the rules of the society, or that their proceedings are informal, if not a legal nonentity.

We have no objection to the meeting of the friends of medical reform anywhere and everywhere; on the contrary, we deeply regret that our conventions and associations are not kept up with more spirit and extensive co-operation; but we do object to having small *sectional* meetings trumpeted abroad with great national titles. Such operations resemble too closely the policy of Dr. Beach, and we hope to see no more of it.

P. S. Since writing the above, we have been informed, to our surprise, by one who had conversed with a member of the Philadelphia meeting, that it was ridiculously small—so small that we can scarcely credit the fact that such a meeting could have assumed the title of a National Association. If our informant was correct, we think the gentlemen concerned would have acted with more dignity by laughing over the failure and adjourning *sine die* on the spot. We abstain from mentioning the number reported until we receive more direct and authentic information. Titles and ceremonies, unless they are well grounded, confer no true dignity; and we think the gentlemen concerned decidedly more respectable in their individual capacities than under the nominal title of an association. It was our respect for their individual names, and not for the title assumed, which prompted our remarks. We have our opinion of

the value of conventions, as commonly conducted, which we may express when time and space permit. B.

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### THE "WISE MEN OF THE EAST,"

Or at least a few of them who have a personal interest in the matter, are decidedly opposed to cheap reformatory education, and consider it "*absurd*." The profound wisdom of this opinion, and the exalted philanthropy of the sentiment it embodies, may be learned from the fact, that already two medical schools of the Hunker orthodoxy have adopted a similar system of cheap education. Our wise friends at the East would have Eclecticism, obstructed as it is by prejudice and organized opposition in every direction, to enter competition with those cheap schools, by asking higher prices, and thus giving to every poor young man a virtual bounty of from fifty to a hundred dollars, to enter the ranks of the old school orthodoxy. And for what great end should we thus repel "Young America" from our colleges and stay the progress of reform? Merely to give a few more paying students to half a dozen or a dozen gentlemen at the East, who wish to live by medical teaching—to give them, perhaps, a hundred or a hundred and fifty or two hundred dollars per annum more than they are getting at present. A great end truly, for which they would wish, rejecting annually fifty or a hundred young men from the ranks of reform, and rendering them members of the mercurial party.

The triumph of reform depends, in this contest, upon our success in winning young men into our ranks. If by talent, reputation, energy and devotion to our duty, and by all the inducements that can be offered, we should succeed in gaining a large number to enlist with us under the banner of reform, we have done well in redeeming our country from the mercurial scourge. But if we have not sufficient talent or reputation to attract any considerable number of students, and are so fond of petty pecuniary profits as to allow pecuniary difficulties to drive hundreds from the path of reform, we could not surely expect to have the voice of an approving conscience, or a grateful public exclaiming, "Well done thou good and faithful servant." Our position was such that we were compelled to choose between these alternatives; either to do our duty manfully in accordance with the crisis, or to clutch at our prospective fees, acknowledge ourselves worshippers of Mammon, and



leave the glorious cause of reform, to struggle under accumulating difficulties, checked in the midst of its career. We have chosen our course according to our conceptions of duty, it has been successful, and although we have never cast any censure upon those who have not followed our example, nor even hinted in any manner that their course was improper or absurd, we are not disposed quietly to permit those to assume the position of censors, who would be better occupied in apologizing for their own failure to do what the times demand, instead of condemning those who have clearly *perceived their duty and performed it*.

We would respectfully suggest, that instead of censuring a liberal policy, these gentlemen should *make their own excuses*, by vindicating the profundity of their wisdom, which would leave the idea of free or cheap medical education, with all its power and popularity, to become identified in the popular mind with the old school system, instead of becoming a "part and parcel" of the system of medical reform which it should have been long since. In the whole history of medical reform in this country, there is no measure, or set of measures, which has produced anything like the effect of this single movement of cheap education. It has already attracted into our ranks, in the course of a single year, over three hundred matriculants. And the mere *excess* of the number of annual matriculants, over the number which we could have expected on the old system, is a greater number than any other reformatory college in the United States has ever collected together. And forsooth we are censured for not contracting our policy so as to reject from the Eclectic army a sufficient number of recruits to fill up a common medical college, in order to help our neighbors at the East to better salaries.

Really, we think "a sober second thought" upon this subject would convince them that their objections have been hasty, and not based upon any enlarged view of the matter. They have reasoned upon a few obvious facts and immediate advantages, to the neglect or oversight of those great national influences and reasons which have determined our course.

B.

## VINDICATION OF THE MEDICAL CLASS.

A scurrilous pamphlet (supposed to have been printed in Cincinnati,) issued by Drs. Jones and Baldrige, has been recently put in circulation. The source from which it comes renders it unworthy of notice, as it has been already shown by the overwhelming voice of the medical class, and of numerous gentlemen of honorable standing, that Dr. J. is entirely regardless of truth and honor in his attacks upon the Institute. A witness who has been thus thoroughly discredited and dishonored, is unworthy of notice; and in the present pamphlet he has shown a singular *monomania of mendacity*, as it scarcely contains a single material accusation which is not either *totally groundless* and *fictitious* or *essentially untrue*.

Justice, however, requires that the unanimous sentiments of the medical class should be made known, showing the opinions of those who have the best opportunity of knowing the facts, and vindicating a large number of respectable members of the profession from the degrading imputation of countenancing or sympathising with convicted slanderers and traitors to the cause of liberal medicine.

We are mortified that Dr. J. should thus make a public parade of his want of good sense, decency, and moral principle, and proclaim to the world a fact which we would gladly conceal or forget, that the Institute has heretofore contained an individual void of the sentiment of honor and a proper self-respect.

The course pursued by the gentlemen of the class with such unanimity, is highly creditable to their sentiments. We were not aware, until a week after the close of the session, of the character of their action. Had we known beforehand, we might have suggested some slight modifications of phraseology. B.

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ECLECTIC MEDICAL INSTITUTE, June 8, 1853.

At a meeting of the class of the Eclectic Medical Institute, for the purpose of taking into consideration the contents of a pamphlet, said to be published by Dr. L. E. Jones, H. Doty was called to the Chair, and T. J. Fentress appointed Secretary.

On motion, a committee of three was appointed, consisting of the following gentlemen, Messrs. Fentress, Johnson, and Benham, to wait on Dr. D. E. Jones, and obtain, if possible, a copy of a letter, which he asserts to be in his possession, purporting to have been written in New York City.

[This letter was stated by Dr. J. to have been written in Cincinnati, and signed by several students, as an expression of approbation toward himself, although it was published as a letter from New York, in order to conceal all the parties concerned in this clandestine transaction.—Ed.]

On motion, a committee of five was appointed, consisting of the following gentlemen, Mes-rs. Johnson, Turrentine, Hewett, Finkbine, and Benham, to draft resolutions expressing the views of the class concerning the above-mentioned pamphlet.

On motion, the meeting adjourned to meet to-morrow, at 4 o'clock, P. M.

#### COMMITTEE'S REPORT.

June 9th, 1853.

We, the said Committee, proceeded according to instructions, and politely requested Dr. L. E. Jones to favor us with a copy of said letter, which he positively refused, stating that he was under no obligations whatever to accede to our request; his assertions to the contrary, notwithstanding.

T. J. FENTRESS,  
J. R. JOHNSON, } Committee.  
H. R. BENHAM,

On motion, each resolution, as follows, was taken up separately, and unanimously adopted.

On motion, it was *Resolved*, That these resolutions, with the proceedings of the meeting, be forwarded to Prof. R. S. Newton, for publication.

T. J. FENTRESS, *Secretary*.

H. DOTY, *Chairman*.

#### RESOLUTIONS UNANIMOUSLY ADOPTED BY THE CLASS.

*Whereas*, Certain reports are in circulation, derogatory to the character and position of the Faculty of the Eclectic Medical Institute, and reflecting dishonor upon the class now in attendance; and *Whereas*, a part of a pamphlet, entitled "An exposition of the professional perfidy, hypocrisy, duplicity, and mendacity of the secret and malicious intriguer, Prof. J. R. Buchanan," and which would, ere this, have been published in full, had not the design and scurrility of the article prevented its issue, containing as it does, gross falsehoods and base insinuations, alike insulting to Prof. Buchanan and his associates, and degrading to the author; therefore, *Resolved*, That we regard this movement, on the part of those engaged in it, as a treacherous attack upon the cause of reform, dictated by a feeling of obduracy, wounded pride, and revenge—as vindictive as false, and infamous as untrue.

*Resolved*, That we regard the assertion, that "the desire for diplomas, and the fear of displeasing their faculty, especially after so many tirades of abuse had been hurled at me by them, forced the class into submission, or at least into silence," as a slander, reflecting dishonor upon the independence of the graduating class to whom it refers; and false, as members of the spring class, then in attendance, will testify; and that no "tirades of abuse," or "threats," were uttered in the Institute.

*Resolved*, That the assertion that "many of the students who remained during the vacation would not matriculate, in the Eclectic Medical Institute, for the spring session, until they came to me and learned that the new school (?) would not be organized this spring," is unequivocally false, as the members of the class unanimously testify.

*Resolved*, That the assertion that "only about sixty remained in the city, nearly

fifty of whom were candidates for graduation, and of that number but a few, probably not more than twenty, voted for their adoption," etc., is false, as the chairman, and others of the meeting which adopted these resolutions, well knew.

*Resolved*, That the statement concerning "various emphatic, printed documents, coming from the class after it was reduced to less than one-third," is unmeaning and untrue, because, first, no "printed document" came from the class referred to, and second, no such "reduction" took place.

*Resolved*, That the assertions that Prof. Buchanan is a "poor teacher, capable of selecting and impressing but little of any importance"—that "he is hard to understand, wild and visionary," are grossly unjust, reflecting dishonor on one of the best physiologists of the age, and if regarded, would be detrimental to the progress of physiological science; and that, though his indefatigable labors and lofty deductions may not be appreciated by hunkers, nor understood by the stupid, we highly appreciate them, and regard his lectures as all that could be asked by the students of physiology.

*Resolved*, That the insinuation that "Prof. B. condenses his lectures into one half of the term, and then so mystifies and commingles them with intangibles as to render progress impossible," is wholly unfounded; and that while he necessarily gave his chair, for the first half of the term, to Anatomy, he has fully made up his time in the latter half; and that we regard his instructions as the more impressive from that arrangement; and that the assertion that he brings all his peculiar views into his regular course on physiology, has no foundation in truth; and that when he delivered a few lectures, at the close of the session, on the science of Anthropology, it was by special request of the class.

*Resolved*, That the statement in said pamphlet charging Prof. B. with "teaching homoeopathy," is known by this class to be untrue, as his views of those doctrines have been so distinctly stated, and his sound Eclectic teach age, so practical, and highly prized, that we indignantly spurn the insinuation, and cast it back upon its authors.

[It is not implied here that homoeopathic instruction or practice is dishonorable in itself—the charge which is thus spurned is that of duplicity, in teaching doctrines contrary to publicly expressed belief.—Ed.]

*Resolved*, That the insinuations in said part of pamphlet, charging members of the faculty with "fraud, swindling," etc., are but emanations of a brain diseased by jealousy and envy, and are as false as malicious, as the private lectures of Professors Buchanan and King were delivered in compliance with the earnest solicitations of the several classes; and the small fee charged for such lectures was freely given, and in no instance urged from the members of these classes.

*Resolved*, That so far as concerns the charge against Prof. King, that "he only recommended six or eight remedies," falsehood marks it; for in his lectures to the class, he has recommended over one hundred remedies; and we regard him as one of the best practitioners of the age; and that the charge that he has reserved any disease legitimately belonging to his chair, for his private courses, is utterly untrue.

*Resolved*, That we, as members of previous classes, as well as those now in attendance, wish to express our pleasure that the recent change in the members of the Faculty has been made, thus placing in the chair of practice, in the place of Ex-Prof. Jones, a man infinitely his superior, in *eminence*, in scientific attainments, and in success as a practitioner in the treatment of diseases which have baffled the skill of other schools of medicine.

*Resolved*, Finally, that despite all the contumely that has been hurled against the Faculty and the Institute, we regard the Faculty as purely Eclectic, high-minded and honorable gentlemen, efficient and zealous teachers, faithful to the interests of Eclecticism and of the glorious cause of medical reform, lovers of science, and friends of humanity; and that the Eclectic Medical Institute of Cincinnati, Ohio, is the grand nucleus around which cluster the strength and the glory of American medical reform; and despite all opposition, it will stand as firm and unshaken as the rock of Gibraltar, and continue to shine until it has illuminated the medical world, that is now shrouded in darkness; and that we are proud to acknowledge her as our Alma Mater, and hereby pledge ourselves to sustain and promote her interests to the utmost of our ability.

J. R. JOHNSON, J. TURRENTINE, A. O. HEWETT, WILLIAM FINKBINE, H. R. BENHAM.	}	Committee.
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## BOARD OF HEALTH REPORT.

CINCINNATI, JUNE 4th. 1853.

*Deaths in Cincinnati in the month of May, 1853, as reported by the Undertakers to the Board of Health.*

Apoplexy .....	8	Fever, Typhus.....	3
Arachnitis .....	3	Fever, Ship.....	1
Asthma.....	2	Fever, Typhoid.....	5
Bronchitis.....	3	Gangrene.....	2
Cancer .....	2	Gravel.....	2
Casualties.....	8	Hæmatemesis .....	1
Consumption.....	37	Hooping Cough.....	4
Convulsions .....	5	Hydrocephalus.....	3
Congestion of the Brain.....	3	Inflammation of the Brain ..	14
Croup .....	4	Inflammation of the Bowels ..	4
Delirium Tremens .....	3	Inflammation of the Lungs ..	4
Diarrhea.....	5	Intemperance.....	2
Disease of the Liver.....	2	Injury at birth.....	2
Disease of the Kidney.....	2	Laryngitis .....	2
Disease of the Lungs.....	1	Measles .....	6
Disease of the Heart.....	1	Old Age .....	7
Disease of the Uterus .....	1	Paralysis .....	2
Dropsy.....	2	Parturition .....	3
Dysentery .....	6	Peritonitis .....	2
Dyspesia .....	1	Pleurisy .....	2
Erysipelas .....	1	Premature Birth .....	3
Fever .....	4	Scrofula .....	2
Fever, Intermittent.....	1	Dead-born .....	6
Fever, Nervous.....	3	Cause not reported.....	76
Fever, Remittent.....	4		
Fever, Scarlet.....	27	Total (male 153, female 139)	292
Less than one year old.....	31	Between 40 and 50 years....	15
Between 1 and 2 years.....	29	“ 50 “ 60 “ .....	12
“ 2 “ 3 “ .....	19	“ 60 “ 70 “ .....	3
“ 3 “ 4 “ .....	14	“ 70 “ 80 “ .....	3
“ 4 “ 5 “ .....	10	“ 80 “ 90 “ .....	4
“ 5 “ 10 “ .....	27	“ 90 “ 100 “ .....	0
“ 10 “ 15 “ .....	12	Dead-born .....	6
“ 15 “ 20 “ .....	6	Age not reported.....	49
“ 20 “ 30 “ .....	30		
“ 30 “ 40 “ .....	29	Total .....	292
United States .....	126	Germany .....	71
England .....	12	France .....	1
Ireland .....	35	Switzerland .....	1
Scotland .....	2	Nativity unknown.....	41
Wales .....	1		
Canada.....	2	Total.....	292

### THE INSTITUTE.

The spring session is over. Seventy-five matriculants and twenty graduates are its results. The entire collegiate year exhibits 308 matriculants, and 68 graduates. This is far in advance of any preceding year, and proves the success of the new system of policy, which renders medical education accessible to all.

The spring session has been peculiarly harmonious and pleasant, and the closing exercises were of a gratifying nature. The meeting was held in the Hall of the Mechanics' Institute. The degree of M. D. was conferred upon the graduates by the President of the Board, Rev. W. STRICKLAND. The graduating class was addressed by Prof. KING, to which a response was made in behalf of the class, by H. R. BENHAM, A. M., M. D., in an ornate and vigorous style, which exhibited an independent spirit and a devotion to liberal principles. A valedictory address was then delivered by the Dean of the Faculty. After which the favorite song of "A good time coming," as adapted to the cause of medical reform, was sung by four of the class, in a style which was pronounced, by a musician present, equal to the Hutchinsons.

We have now a few months before us to attend to pressing duties, and to prepare more spacious halls for the class that we expect to meet on the first Monday of November, 1853. Meantime we may do something of equal utility to reform, by advancing those works upon Practice, Physiology, Chemistry, and Obstetrics, for which the profession have been patiently waiting, but which other important labors have so long retarded.

Profs. Newton, King, Buchanan, and Hoyt, are pledged for important works, upon the different departments, now in progress; and Prof. I. G. Jones is still prosecuting the preparation of a system of practice. We think they may all be expected during the years 1853 and 1854. B.

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### BUCHANAN'S JOURNAL OF MAN.

The American people have not become generally acquainted with the character of this periodical. It is not a common phrenological, medical, or reformatory publication, but something entirely unique and distinct. It is devoted to the introduction of a new science, of immense extent and fascinating interest, which has been developed by original researches, as to the functions of the

brain. It does not merely repeat the doctrines of Gall and Spurzheim, but it takes a much higher ground, showing the imperfections of Gallian phrenology, and bringing forward from nature, a more comprehensive, profound and accurate system, in harmony with philosophy and comparative anatomy. It is not a mere follower of the physiologists, mesmerists, and pneumatologists of the present century, but presents a science in which all true discoveries find their appropriate place, while the mysteries of life, of which no scientific teacher has yet given a solution, are clearly illustrated by new discoveries. At the same time the doctrines of philosophy and social progress are freely applied to the great work of reforming and elevating man, and the reformatory measures in progress are duly noticed. Among the most advanced thinkers, the Journal has attained a high reputation, and almost every newspaper which has noticed the Journal has recognized its high position.

The May number of Buchanan's Journal of Man is on our table. All who have had the opportunity of perusing this Journal are ready to give it the preference over all other similar publications. Dr. Buchanan is one of the finest scientific writers of the age; and his Journal increases in value and interest in proportion as experience develops his mental powers.—*Green River Whig*.

**JOURNAL OF MAN**—Edited by Dr. Joseph R. Buchanan. Abbott & Bentley, Cincinnati, Ohio. The views of Dr. Buchanan are so original, and so much superior to ordinary writers upon the subjects of Phrenology, Psychology, etc., that we could wish to say more upon them than our brief limits will at present permit.—*New York Weekly Budget*.

Having been a student of Phrenology for twenty years, and having made a critical acquaintance with the comparative merits of this most interesting science, as developed by Gall, modified by Spurzheim, and farther modified by Buchanan, we feel competent to pronounce, both as to the value of Phrenology in general, and the changes made by Dr. Buchanan in particular. And we have no hesitation in asserting the great superiority of the form in which it is presented by Dr. Buchanan, whether we regard its practical accuracy or its philosophical excellence. It would not be difficult to occupy whole numbers of the Magazine in stating this superiority, and in setting forth the value of a genuine phrenology.

But we have only space to recommend, to every one who wishes to avail himself of the most valuable aids to the science of human nature, the due appreciation of individual character, a correct estimate of himself, and, more important still, the attainment of a perfect method by which to determine the relative value of different mental qualities, to study the Journal of Man.

Nor are the physiological relations of the brain, as there taught, to be neglected by one who would accomplish himself in the science of Human Physiology.—*Amer. Mag. of Homoeopathy*.

**BUCHANAN'S JOURNAL OF MAN**.—Perhaps no Journal, published in the world, is so far in advance of the age; from this fact, and the many novel suggestions advanced, it will only be appreciated by men of thought and intelligence. To the superficial and indolent student it offers no consolations, and from such it will receive but little support. But to those who take a deep and lively interest in individual and social progress, it affords the most satisfactory intelligence our age can produce. The many reformatory ideas with which its pages abound, are calculated to awaken interest and impart instruction which will be a lasting benefit to mankind. Probably no man living has paid so much attention to the investigation of the science of the nervous system as Dr. Buchanan. He has cast more light upon mental philosophy than all the metaphysicians combined, from the days of Aristotle down to Updeham of our time. In fact, mental philosophy had no foundation until Dr. Gall discovered the plurality of the functions of the brain. The Journal of Man is certainly a most ably conducted periodical, and emphatically a great desideratum in our scientific publications.—*Plain Dealer, Iowa*.

**THE**  
**ECLECTIC MEDICAL JOURNAL.**  
**AUGUST, 1853.**

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**PART 1.—ORIGINAL COMMUNICATIONS.**

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**CONSUMPTION AND ARCHITECTURE.**

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BY J. R. BUCHANAN, M. D.

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As the season of building has arrived, a few hints upon the construction of buildings, with reference to human health, can not fail to be of great service to those who are disposed to pay a thoughtful attention to health and the prolongation of life.

I believe that an immense amount of disease has been produced, and is still being produced, in our country, by a very common and flagrant neglect of the laws of health, in the construction of our dwellings. I need not attempt to prove that human health depends largely upon the enjoyment of a fresh, uncontaminated atmosphere. It is not sufficient that the atmosphere should be merely free from any offensive substances which the chemist can detect; for the atmospheric causes of Cholera, Yellow Fever, and eruptive diseases, have not yet been satisfactorily detected; and every one knows that an atmosphere may be charged with most offensive and deleterious exhalations, which he can recognize by the sense of smell, when they are altogether inappreciable by chemical analysis.

In building our houses, we desire to place them as remote as possible from filthy exhalations and all decaying substances. But too little attention is given to the fact that the unwholesome exhalations which affect the atmosphere and become a source of endemic and epidemic diseases, are more concentrated near the surface of the earth, and that, if we wish to escape their influence, we should occupy the most elevated apartments possible. Houses of but a single story in height, in which the inhabitants sleep but



two, three or four feet above the surface of the surrounding country, must necessarily expose their occupants to the terrestrial exhalations of whatever character they may be. Sleeping apartments on the ground floor are highly objectionable anywhere, but especially so in cities. Yet, if these are bad, underground apartments are far worse, and should never be tolerated in human habitations. Those who are driven by poverty to occupy such localities would far better occupy the poorest garret they can find, above the vapors of the street. If our population could be impressed with the importance of appropriating the highest apartments in their houses to sleeping chambers, it would have a material effect in retarding the spread of epidemics.

Dr. Rush informs us that, during the prevalence of the Yellow Fever in Philadelphia, those who occupied apartments in the third story were far less liable to attacks than those who resided lower. Any one who will pass frequently from a ground floor apartment, on a street or alley, to the third or fourth story, will satisfy himself of the great difference in the purity or impurity of the atmosphere, in the higher and lower localities.

But while I would insist upon the importance of a lofty location for residence, and a lofty place of sleeping, there is a matter of much more importance to which I would call the attention of those who are building houses. Air, to be pure and healthy, requires continual circulation. Whenever confined upon any spot on the surface of the earth, it becomes saturated with the exhalations of the substances with which it is in contact; and, as much of these are usually of a vegetable or organic structure, their gradual decomposition, and the decomposition of their exhalations, produces a state of the air which is injurious to health. The surface of the earth is full of organic materials and remnants of vegetation; and, even where we do not at once recognize vegetable growth, minute plants, producing some species of mold, are often present. It is, therefore, certain that confined air, unless it be confined by dry, vitreous, or mineral surfaces, is impure air. Not only is it noxious in consequence of the exhalations and putrefactions it contains, but also in consequence of its being deprived of the beneficent influence of the sun. That it is colder and somewhat defective in positive electricity, are not the only defects. There are peculiar qualities imparted by the solar light, which are neither calorific nor electric, but which have a powerful influence on vegetation, and upon sensitive human constitutions. Reichenback's experiments on the *od force*, and my own experiments in the relations of the human constitution to light, prove that the most refrangible rays are of great importance to animal and vegetable life. Of this influence, confined air is deprived; hence, whenever dwellings are so constructed as to provide places where the air shall be confined in dark, cold, uncleanly situations, the best arrangements are made for the gradual production of the disease. Even the effects of

shade alone, where ventilation is not excluded, are known to be injurious.

The effects of a small portion of such air upon the human constitution are not so prompt and alarming as those of marsh miasma, and are, therefore, seldom noticed or referred to their proper sources. The noxious air generated in cellars, basements, and under-floor spaces, reaches the inhabitants of upper apartments in so small quantities that, instead of producing any marked and sudden process of disease, it operates rather as a steady tax upon the income of health, so uniform in its depressing effects as not to be appreciated. Yet, many an invalid who fancies himself improved by a change of air, in going to another residence, is really relieved by escaping the mouldy atmosphere which comes from beneath his own ground-floor.

Perhaps the majority of American houses are constructed, in this respect, in defiance of the laws of health. Either a cellar is dug, or the house is one, two, or three feet above the surface of the earth. The cellar, even if it be walled and paved, is a damp, dark, mouldy place, which has scarcely any ventilation, and no sunshine. Even the best cellars, which are walled and paved, and kept free from decaying vegetables, rotten timber, and other mouldy lumber, are often places which no one can enter without perceiving that he is in the midst of a damp, unwholesome, and oppressive atmosphere, the influence of which is at once depressing upon the lungs and upon the general vitality, from which one emerges into the sunlight and open air as if escaping from purgatory. How often in passing along the streets of a crowded city, do we receive from mouldy cellars a blast of air inexpressibly offensive; and how can they who live above such cellars, daily inhaling small portions of such an atmosphere, escape its deleterious effects.

That the human race degenerates in damp, subterranean apartments, no one will doubt who observes the population of large cities; and they who live immediately over cellars must suffer the same deleterious effects, just in proportion as they inhale the cellar atmosphere. That such an atmosphere is calculated to produce Scrofula and Consumption, was shown by the experiments of a French physician, M. Coster. In several series of parallel experiments, made upon dogs, rabbits, and chickens, fed upon exactly the same diet—one set exposed to the open air and sunshine, the other confined in dark, damp, and cold places—he found that, while the former set maintained entire health, the latter, with exactly the same diet, uniformly became consumptive, tubercles being developed in their lungs. The laws of the human constitution being the same, we are authorized to affirm that the impure atmosphere which belongs to dark, damp, subterranean habitations, where ventilation is neglected, is directly productive of Consumption.

The common sense of mankind has condemned cellars as a place

of human residence, but, in a mitigated form, the evil still exists to an immense extent. Basement stories, depressed from one to five feet below the surface of the earth, imperfectly lighted and ventilated, and having walls always more or less damp, if not mouldy, are still commonly occupied as apartments and offices, notwithstanding the strong testimony of experience against their use. In Louisville, where basements were formerly much in fashion, they are now seldom constructed. In Cincinnati, also, basement stories have generally given away to cellars. My own experience, as well as that of my friends, is very decided against their use. The late Prof. M., who occupied an office in a basement story, about two feet below the surface of the earth, with a paved area around it upon the same level, by which the walls were removed from contact with the surrounding earth, constituting the best possible example of a basement story, eagerly removed to another location, and informed me that he would never, on any account, again occupy a basement office. Prof. N., and his brother, who occupied a basement story of the common character, as an office, found it so unwholesome (producing bronchial and pulmonary diseases) as to compel them to build an office above ground. The intelligent Principal of our City High School, whose health has been materially undermined by severe pulmonary disease, informs me that he attributed it to his engagements in his occupation as a teacher in a low basement school-room. My own experience upon this subject was so decisive as to compel me, when occupying a residence with large basement apartments, with the usual damp walls, which had previously been occupied as an office, and for servants, to keep it entirely vacant, although a teacher was desirous to rent it for a school. I regarded the basement as a positive injury to the house, being not only a waste of space, but a source of noxious air, from which it was difficult to protect our children.

I am firmly convinced, that as places of human occupation, basements should be entirely abolished, and cellars should share the same fate. My reason for insisting upon their entire abolition, is, that although we may partially escape their evils by living above them, we can not entirely cut off the communication between our apartments and the cellars and basements beneath. The offensive air will ascend through crevices in the floor—through doors, windows, and stairways, and will infect the area about the house. Some houses are so constructed that the occupants of the lower apartments are but little better off than the inhabitants of the cellars and basements; wherever the cellar communicates with the chambers and halls above by an inside doorway, the atmosphere of the cellar will be continually ascending to the upper part of the house, and the inhabitants of the lower apartments of the house will be habitually breathing the noxious cellar atmosphere. Some years ago, when occupying one of the most spacious and delightful residences in this city, I found it in the most deplorable condition from

this very cause. The entire space under the house, nearly fifty feet square, was occupied by large cellars, which had but the usual amount of cellar ventilation, the atmosphere being damp and moldy, and the sunshine excluded. This immense reservoir of cellar atmosphere had free communication with the halls above, by an interior stairway, the door of which, when closed, did not exclude the passage of the air. The ordinary winds and changes of the weather drove the cellar atmosphere into the house, and the cellar-door being on the eastern side, the entire eastern half of the building acquired a damp and moldy atmosphere from the cellar. A long hall, twelve feet wide, prevented the passage of the moldiness to the western part of the building, except in very damp weather, when the whole house seemed partially affected.

The oppressive and offensive character of this cellar exhalation, although due attention was given to cleanliness, was such that on entering the western door of the house I could instantly determine, by the atmosphere of the hall, whether the cellar door had been left open or closed.

This house—one of the oldest residences in the city—had always been occupied by persons of wealth and intelligence, whose vigorous constitutions gave no slight guarantee of health; yet a large portion of its former inhabitants either died of pulmonary diseases, or suffered severely from their attacks. The majority of two generations died of consumption, and I believe the third generation, now living, would have shared the same fate had they been confined to the same residence. My own family suffered from pulmonary derangement; one manifesting a slight tuberculous tendency, and I experienced myself the severest pulmonary attack I had ever known, although I adopted the precaution of occupying the most remote room from the source of disease. The entire disappearance of our unfavorable symptoms, since removing to a healthier residence, gave additional evidence of their source.

While I would condemn cellars and basements entirely, the common plan of building, in their absence, must be condemned also. The house being built above the surface of the earth, a space is left between the lower floor and the ground, which is even closer and darker than a cellar, and which becomes, on a smaller scale the source of noxious emanations. Under-floor spaces should be abolished as well as cellars and basements. The plan that I have adopted with the most satisfactory success, to avoid all these evils, is the following: Let the house be built entirely above the ground; let the lower floor be built upon the surface of the earth, at least as high as the surrounding soil. If filled up with any clean material a few inches above the surrounding earth, it would be better. A proper foundation being prepared, make your first floor by a pavement of brick, laid in hydraulic cement, upon the surface of the ground. Let the same be extended into your walls, so as to cut off the walls of your house with water

proof cement, from all communication with the moisture of the surrounding earth. Upon this foundation, build according to your fancy. Your lower floor will be perfectly dry—impenetrable to moisture, and to vermin; not a single animal can get a lodging in your lower story.

The dry brick floor will answer for the purposes to which lower stories are usually devoted, but a wooden floor may be laid directly upon the brick, if you prefer it; or if you wish a smoother surface, the bricks may be plastered over with hydraulic cement, making a perfectly solid and smooth floor, when it is hardened. Painting the brick floor will improve it by preventing any absorption of moisture from the air.

By adopting this plan, your house will be dry and cleanly; the atmosphere of your ground floor will be fresh and pure; you will be entirely relieved from that steady drain upon life, which is produced by basements and cellars,—and if you appropriate the ground floor to purposes of store-rooms, kitchen, etc., you will find that the dry apartments thus constructed, are infinitely superior to the old basements and cellars. And if you place your sitting and sleeping rooms on the second and third floors, you will be as thoroughly exempt from local miasma as architecture can make you. An additional advantage will be derived from the dryness of the walls—according to the theory of Sir J. Murray. Much of the miasmatic influence of unhealthy localities he ascribes to the frequent passage of currents of electricity between the earth and the clouds. The dryer the walls of the house are made, the nearer it approaches to that insulated condition, which he considers necessary as a preventive against what has been regarded as local miasma.

If all the interior of the walls of an apartment were painted or papered and varnished so as to be incapable of imbibing moisture, it would be a valuable addition to the healthfulness of the room. Walls kept moist by leaks or otherwise, and thus subject to constant evaporation, are prolific sources of colds. Every one knows how dangerous it is to sleep in a freshly plastered apartment, or even when the walls are *apparently dry*, if they are not really and thoroughly dessicated.

Absolute dryness of walls, ceilings, and floors, and a free circulation of air and light, are matters which a builder should consider essential in every apartment for human beings.

[The foregoing essay having been prepared for the New York Tribune, is a very brief presentation of the subject. Ventilation, house-warming, and similar subjects will be treated hereafter. The evils of cellars and basements may be mitigated by having an open fire-place in them, and occasionally building a fire to produce a draft up the chimney.]

## CLINICAL LECTURE IN SOME OF THE DERMOID DISEASES.

(Delivered by Prof. R. S. NEWTON, at Newton's Clinical Institute.)

**SCARLATINA. VARIETY**—*Scarlatina Simplex, Scarlatina Anginosa, Scarlatina Maligna, Sequela. Cause, Diagnosis, Prognosis, Indications, and Treatment.*

### SPECIES V.—*Scarlatina.*

This is a disease of the skin, which is seated in the cuticular surface, and is manifested by a diffusing or spreading inflammation.

If we may be allowed to form an opinion from the evidence that has been furnished us by the profession, it would be, that scarlatina is produced by an atmospherical poison, and that when produced, it furnishes a poison that will reproduce it; that while the cause of it differs from that of measles, it is mainly governed by the same law.

The period of its most poisonous activity is thought to be that of desquamation, which happens from three to six days after the first impression. Like measles and small-pox, one attack generally destroys the susceptibility of the system to a second assault; we say generally, because some assert that it does sometimes assail, successfully, a second time, while others positively deny it; indeed it has been maintained by some that they have known it to make a third attack.

Some persons are insusceptible to its impression, as some are to that of small-pox and measles. It has been discovered that those who are, in age, intermediate between that of old age and infancy, are the most liable to it. This may be a general fact, nevertheless it is well known that some epidemics assail children almost exclusively. It observes no particular choice as to season, but is most apt to appear in warm and humid weather, and in such seasons it is most apt to be severe.

Like other epidemics, it betrays considerable variety—sometimes it is very mild; at others, greatly fatal; sometimes it will rage with violence for a time, and then almost disappear, and then return with equal violence in its assaults.

Because of the difference which have been observed in the intensity and character of the disease, it has been divided by nosologists into three varieties: S. Simplex, S. Anginosa, and S. Maligna.

This division has been founded upon the observed facts in the history of the disease, but, as to why or how they exist, has not been explained; therefore, we may be allowed to hazard a few suggestions.

With regard to all forms of epidemic disease, some visitations are comparatively mild, while others are as signally fatal. This difference may be referred to a less or greater elaboration of the poison, or to a difference in the prevailing atmosphere, respectively; but, no matter how mild may be the general character of an epidemic, some cases occur of such malignancy as to destroy life. This difference we must refer to differences of human constitution.

Further, there are some constitutions that possess a vital force capable of successful contention with all causes of disease for a hundred years or more; such persons may have scarlatina simplex, only, and that, too, in the rage of the most fatal epidemics. There is a second class which possess an average constitution, and are, therefore, liable to scarlatina anginosa; and there is a third and large class, which manifest, in all the relations of life, a feeble vital force, and they are the subjects of scarlatina maligna.

We were led in this train of thought by the complete fitness that exists between a feeble vital force and the phenomena of scarlatina maligna—a fitness that thoroughly penetrates us with the conviction that these three forms of the disease are founded in the three constitutions above defined; with the exception of those cases, wherein the too general antiphlogistic treatment of a milder form of the disease, has produced a more malignant one, by exhausting the vital force.

#### VARIETY I.—*Scarlatina Simplex.*

**SYMPTOMS.**—Between the premonitory manifestation of febrile irritation and the onset of the eruptive fever, there is usually an interval of three or four days. This period is characterized by an alternation of momentary flushes of heat and slight chills, with nausea, pain in the loins, head, inferior extremities, and a feeling of general depression. The skin is hot and dry, and the pulse is quick and frequent. After a continuance of febrile symptoms for about forty-eight hours, the eruption appears, first upon the face, and then descends, covering the trunk and extremities, and finally working its way into the nostrils and over the buccal surface and fauces, showing itself by a coalescing of innumerable red points that produce a diffused blush upon the cutaneous surface.

There is frequently an enlargement of the papillæ and miliary glands of the skin to such an extent as to give a feeling of roughness to the touch; in other instances, there appears upon the whole surface a scarlet efflorescence.

With or about the beginning of the fever, the patient manifests some difficulty in deglutition, and complains of some soreness of the fauces, with a voice considerably diminished in sonorousness. The extremity and edges of the tongue are usually red, while a white fur, with the scarlet-colored and enlarged papillæ appearing

through it, occupy the balance of it. Considerable restlessness, and sometimes delirium attend the evening exacerbations, but they generally disappear before morning. The face is usually somewhat swollen during the presence of the fever, and the pulse, instead of being quick and frequent, is sometimes tense and vigorous. These symptoms continue, with more or less modification, until about the fifth day, when they begin to decline—the eruption, and of course the fever, diminish *pari passu*, until they have entirely disappeared, which happens usually about the seventh day.

As the disease subsides, there is one peculiar symptom—a copious and reddish sediment in the urine, and frequently some diarrhoea. The process of desquamation which usually begins on the eighth day, is attended with much itching, and is followed by an equal sensibility of the whole surface.

Authors inform us that there is a considerable abatement of the febrile symptoms upon the appearance of the eruption. To those who regard fever as a disease, this may be information, but to those who regard the eruption as the aim and necessary sequence of fever, it would be anticipated. Sometimes the fever is remarkably light, as might be expected in a highly physiological condition of the system, but in other instances, and under a contrary condition of the system, it runs high, thus indicating a pretty strongly-founded condition of the disease.

#### VARIETY II.—*Scarlatina Anginosa*.

This variety is more severe in its whole character, more particularly in its anginose affection, than the preceding. It is usually attended with considerable præcordial oppression, nausea, headache, muscular prostration, and occasional vomiting during the introductory stage. The febrile action is developed with much rapidity, the pulse becoming very quick and frequent, but has less tension, vigor, and fullness, than the preceding variety. Deglutition becomes painful, a feeling of esophageal stricture is experienced in respiration; the fauces, palate, tonsils, and uvula become red and slightly tumid; and a sense of stiffness, with a dull pain, seizes the cervical muscles and those under the ears and about the angles of the jaws; the skin is said to be more intensely hot than in any other febrile affection, and is attended by a corresponding degree of thirst. The whole course of the disease is marked by unusual languor, restlessness, and prostration; the tongue is dry, its edges are florid and projecting, and highly-inflamed papillæ cover its surface.

In this variety the vital force is less effective than in the former, and consequently the eruption does not usually appear before the third day of the fever; and when it does appear, it is neither so regular or so generally diffused, showing itself on different parts of the body, particularly about the elbows. The rash sometimes disappears, and probably the day after its appearance, and by the



next day returns, but this mutation is governed by no regularity—it shows only that the system is struggling to effect a permanent reaction.

If the disease manifests a declension by the fourth or fifth day, the inflammation of the fauces usually passes off by resolution; but when the symptoms are violent and are protracted beyond the time above specified, ulcers are formed about the tonsils and palate, which rapidly pass into ash-colored, superficial sloughs; at the same time mucus may be secreted in the fauces and concrete into flakes, which, without care, may be mistaken for sloughs.

As the fever subsides, which happens about the eighth day, the sloughs separate, leaving ulcerated surfaces that readily cicatrize, unless the separation is procrastinated beyond the eighth day, in which event it is common for them to enlarge, become of a brown color, and throw out an acrid and sanious fluid, attended by a hard, painful, and swollen condition of the cervical glands, diarrhea, and possibly tenesmus.

#### VARIETY III.—*Scarlatina Maligna*.

Between the most inflammatory and unmanageable form of scarlatina anginosa, and that of which we are about to treat, the differences may be considered to exist in degree rather than in kind. In malignant scarlatina, the febrile manifestation very early in its history assumes a typhoid character; in scarlatina anginosa, there is a pretty general equality between the constitutional symptoms and the local mischief; but in this, the speedy death that supervenes can not be explained by the extent of the local lesions.

Its introduction may resemble scarlatina anginosa, but the mask is soon removed by the dangerous character of the symptoms that supervene. No certain periods are observed for the appearance of the eruption, but usually appears between the second and fourth day. No definite period can be assigned for its duration; when it appears it may continue a few hours, and then appear after two or three days, but upon different parts of the body. By the second day, the pulse passes from activity to smallness and feebleness; the skin does not become particularly hot—delirium appears early in the disease, and with occasional intermissions and exacerbations continues throughout the disease.

In the most aggravated cases, a livid flush covers the cheeks, and the eyes appear dull and inflamed—the breath is fetid, and the tongue is dry and covered with a dark-brown fur—gray-colored sloughs appear on the soft palate, in the fauces, and tonsils, which soon become of a dark color; but before the arrival of these symptoms, death frequently relieves the patient by the infliction of some cerebral injury.

It but rarely happens, that when the fever is not protracted beyond the fourth day, that the ulcers become fetid, black, and ill-conditioned sloughs.

If the disease has shown itself to be particularly malignant, about the middle of the second week, collapse, manifested by a great prostration of the vital force, as a frequent and feeble pulse, a low condition of the cutaneous caloric, exhausting hemorrhages, or diarrheas, dark-brown or black tongue, and appearance of petechiæ, may be expected. In some instances, the vital force proves entirely insufficient to force the eruption upon the surface during the existence of the disease.

Dr. Armstrong has divided scarlatina maligna into three sub-varieties, the *inflammatory*, *congestive*, and *mixed*. The first is indicated by a full, hard, and vigorous pulse, early delirium, and very hot skin. In this stage it differs nothing from scarlatina anginosa, but runs speedily into collapse, the eruption appears early and vividly red, but in a short time it acquires a dark purple hue—the vital force is soon expended, and petechiæ, colliquative diarrhea, and passive hemorrhage ensue. This form of the disease is better known by the name of "*putrid sore-throat*."

A complete overwhelming or overpowering of the vital force, by congestion, indicates the second or *congestive* variety. The patient feels oppressed, disposed to syncope, complains of giddiness, weight in the head, nausea, oppression in the præcordia, and deep-seated pain, if of any at all, and a pale skin. Diarrhea, petechiæ, gangrenous spots, and exhausting hemorrhage from the nose, mouth, or bowels, precede dissolution, which is but rarely procrastinated beyond two or three days.

The third variety can readily be inferred from the two preceding, and therefore no description of it is necessary.

**SEQUELÆ.**—Anasarca is, probably, the most frequent sequelæ of this disease—it generally appears in eight or ten days after the termination of the disease, and continues two or three weeks, but sometimes, it is said, invades the chest and even the brain, and thus proves fatal.

Occasionally it causes gutta serena, rheumatism, eruptions of the derma, neuralgia, hysteria, asthma, chorea, inflammation of the testicles, tonsillara abscesses, tumefaction of the parotids, deafness, ophthalmia, otitis, excoriations about the nates, suppuration of the cervical glands, cough, hectic fever, inflammation of the mucous lining of the bowels, etc.

**CAUSES.**—All, and perhaps more than we know of this disease, is embraced in our leading remarks.

**DIAGNOSIS.**—When treating of rubeola, we gave the diagnostic differences between it and scarlatina, and the only other eruption with which it can be confounded is miliary fever, and this can only happen with superficial observers. The miliary eruption is generally attended with considerable perspiration, which is not the case with scarlatina. The eruption of miliary fever seems to be seated on a skin which preserves its natural color.

**PROGNOSIS.**—This disease is divisible, as we have shown, into

three pretty strongly-marked varieties, and each of these is attended with several modifications, consequently, the prognosis must be attended with as many qualifications. This is not all, the general character of the prevailing epidemic must be taken into consideration.

We may say, however, with reference to scarlatina simplex, that, under judicious treatment, its prognosis may be considered as generally favorable. As regards scarlatina anginosa, where the contending forces are pretty nearly balanced, a judicious treatment may be expected to produce a favorable preponderance, and consequently the fatality which has generally attended it, is not justified by its pathological conditions. In the third variety, there is no equality in the forces—those of an inimical character greatly preponderate—it is pregnant with the most obvious indications of an inherent deficiency of the vital force, and hence no treatment should be expected to achieve more than a mitigation of its violence, and a brief procrastination of the necessarily fatal termination that attends a large majority of its assaults.

INDICATIONS.—The indications in scarlatina are the same as in measles, particularly in its milder forms; but its more malignant peculiarities demand more energetic treatment—to effect and maintain a centrifugal action must be the leading principle.

TREATMENT.—There is no fitness or proper relation between the symptoms of this disease and the mortality that attends the general practice. If in this opinion we are correct, then the practice must consist too much in a war upon the vital force—upon the fever and inflammation instead of the disease. The accuracy of our opinion is sustained, if we mistake not, by the success of the homœopathic treatment, which, in our judgment, is about equivalent to none at all. None at all, then, is better than that which generally prevails.

Prof. Wood says that, “in the vast majority of cases, scarlet fever would end favorably without treatment; hence the reputation acquired by homœopathy in this disease.”

Under this view of the subject, what should we think of the practice of those physicians who lose a “vast majority” of their scarlet fever patients? We know a few who are thus unfortunate, and yet they have the presumption to call a more fortunate class “quacks.” We are very much mistaken if Prof. Wood, himself, would not have greater success if he would practice the bread-pill system, which is less than homœopathy, than the one he recommends. If our unfortunate physicians make him their guide, we are not surprised at the fatality of their practice. He teaches that, in all cases, except those of “great mildness, it will be proper, in children, to follow the emetic with a purgative dose of Calomel, which, if it do not operate *thoroughly* in six or seven hours, should in its turn be followed by Castor Oil, Magnesia, or one of the saline laxatives. Afterward, the bowels should be kept open, if necessary, by cathartics, which should be accommodated to the circum-

stances of the case ; those of a depletory character, such as Sulphate of Magnesia, being given if there is much excitement with considerable energy of the system." In another place he states that, "the practitioner should always be on his guard for symptoms of debility." Are we to infer that he prescribes Calomel purges as a means of guarding against debility?

For the practice of Eberle, Watson, and Armstrong, our opinion is about that which we have above expressed concerning that of Prof. Wood. As these four writers measurably lead the profession, we have no occasion of surprise at the fatality that attends this form of disease.

Among the local remedies, is that of inunction, upon which we desire to offer some comment. It consists in greasing the whole surface, with the exception of the face and scalp, with a piece of fat bacon every morning and evening. Of this practice, Dr. Schneeman, of Hanover, speaks in flattering terms. We have never tried it, and from the ill-success of those whom we know to use it, we think it much inferior to homœopathy. As a means of counter-irritation in visceral inflammation we think favorably of it, but when applied to an inflamed surface, we are disposed, *a priori*, to think as badly of it, as of blisters to the scalp in encephalitis.

We have stated that the leading and principal indication is the maintenance of a steady and constant determination to the surface ; and, if this principle be correct, purgation of any kind must be, in the highest degree, incompatible. Nothing, except the most clearly-manifested alvine irritation, and under depression of the vital energies, stimulating ones may be used to evacuate the large intestines, and to promote revulsion or a centrifugal action.

The treatment we have laid down for measles, is all that is required for scarlatina simplex.

In the anginose form, prompt efforts should be made to reduce the fever, by equalizing the circulation and the promotion of secretion, which may be effected by the administration of a mild vegetable emetic, that should be repeated daily for two or three days in succession ; the Acetous Emetic Tincture will be found useful for this purpose.

After the action of the emetic, the body should be bathed with a weak, warm lye-water, followed by the spirit vapor-bath, in adults, and the free use of the infusion of some of the simple vegetable diaphoretics, as Catnip, Balm, Sage, etc.

In using the lye-bath, its temperature must be regulated by that of the body ; if this be not above the natural temperature, the bath must be merely bloodwarm. The more severe or malignant the disease, the oftener must the bathing be repeated, even to every hour.

Our next duty will be to induce the deep-seated inflammation of the neck to the surface, for which purpose the throat and neck should be bathed with the Camphorated Soap Liniment, or the

Compound Stillingia Liniment; this should be repeated three or four times daily, applying after each bathing a warm fomentation of Hops and Wormwood, or a Slippery Elm poultice.

The fever being so far reduced as to admit of secretion, our attention should, in a special manner, be directed to the kidneys—depuration through them is, perhaps, indispensable to the cure of this form of disease. An infusion of equal parts of the root of *Althæa Officinalis* and *Apium Petroselinum* may be drank freely, and will prove as effectual in fulfilling this indication as any other diuretic we can employ.

Scarlatina maligna is but scarlatina in a constitution highly feeble and vitiated. The anginose form, we have no doubt, is very frequently forced in the malignant by allopathic purgation. By such a practice the vital force is so reduced that it can not contend successfully with the disease, and death takes place through mortification—not inflammation.

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## CHOLERA AND CHOLERINE DISEASES.

BY W. K. EVERSON, M. D.

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MESSRS. EDITORS:—I herewith transmit to you a few facts and hints, which I have hastily collated from remembrances and observations in cholera and cholerine diseases, and in doing so I would direct special attention to the importance of the use of Ammonia in the treatment of this dreadful malady.

Various theories have been presented, from time to time, in order to explain the various phenomena of this disease. Some, with considerable show of plausibility, have maintained that it depended upon a paralysis of the par vagum nerves, produced by various and unknown causes; and others, with as much confidence in the correctness of their theories, refer it all to the presence of some peculiar acid in the stomach and bowels; and others have presented theories concerning the electric fluids, etc. It is not my province or object to enter into a discussion of the merits or demerits of those theories, but simply to notice their existence, and pass on to the consideration of some facts, brought forward to sustain the "Geological Theory," by its advocates, and show their bearing in relation to the views I herewith present. It is argued by the latter gentlemen, that calcareous waters are predisposing causes of cholera, at least, if not the primary cause under some circumstances; and, as evidence of the truth of the theory, cite the facts, that where such water is used cholera prevails, and recommend the use of cistern water as a substitute, because that where it is used exclusively cholera may not be found to exist. Those facts are valuable, and for their elicitation we owe much to

our geological brethren ; but yet these facts do not prove the soundness of their theory. But as I think I can demonstrate that the cistern or soft water acts as prophylactic or preventive, and that the calcareous waters have little or nothing to do in the premises, else choleric diseases should invariably prevail wherever such waters are used ; and having lived a considerable proportion of my time in districts where calcareous waters are used exclusively, I am prepared to say that such is not the fact. Upon the main facts, then, we are agreed, but differ as to the probable cause.

The absorbent force, or capillary attraction of the various tissues of the animal organism, are in direct proportion to, or are controlled by the power of affinity they possess for different liquids presented to their surface for absorption, according to the chemical constituents of said liquids, and the motion or normal determination liquids taken into the body being from within toward the surface, according to the direction of the lacteal absorbents or capillaries ; as a matter of course, then, transpiration will be facilitated by the use of such liquids as have the greatest power of permeability, or rather for which the capillaries have the greatest affinity or power of attraction. Those principles have been established, beyond the cavil of a doubt, by the experiments of Liebig, and others, on the "motion of juices in the animal body," and may be corroborated by any person having a desire to test the same by experiment. In those experiments it will be seen, as it has been found, that ammoniated water possesses the greatest degree of permeability, or that the absorbents have the greatest affinity for water containing ammonia. Rain or cistern water owes its peculiar softness to the presence of ammonia, and as ammonia facilitates the absorption of the liquid containing it, by reason of the superior capillary attraction, therefore, a normal action is continually induced and sustained by its use, which resists the power of cholera infection to reverse the natural action of the absorbents. This, probably, solves the problem, why alkalies prove so beneficial in the hands of those who refer the cause to the existence of a peculiar acid in the *prima via*. Let those who have familiarized themselves with the subject, examine the analogous effects of ammonia in cases of abnormal action, both animal and vegetable, in all cases of collapse, prostration and sinking, low typhoid states, etc., etc., and in diseases of the lungs, its importance is too much overlooked. But this is a digression, and I will now proceed to state some facts, in a general way, in reference to its use in my practice as a means of cure ; and in order not to encroach upon your patience I will be brief as possible in conclusion.

I commenced the use of ammonia, in cholera and choleric diseases, in 1849, in Philadelphia, variously combined—sometimes with vegetable carbon, at others with stimulants and astringents, and I am happy to say, always with success, and that the most

prompt and efficient. I can not say how many cases I may have treated since that time, east and west, but have treated quite a large number of cholera and cholerine cases, and the most of cases yield to comparatively few doses of such mixtures or compounds containing Ammonia. I have communicated the facts to others, who have made free use of similar compounds, and express themselves more than satisfied of its superior efficacy as a remedy. The following is the formula that I prefer, and have used, principally, for the last two years :

R. Carb. Ammonia,  
Gum Camphor,  
Myricin or Geranin,  
Capsicum aa pulv. ʒj. Mix.

I usually prescribe from three to ten grains, according to and as frequent as occasion may seem to require. Latterly I have used it with advantage in dysentery, in first stages, to arrest the frequent disposition to stool, thus preventing the consequent prostration, and gaining time for the administration of hepatic alteratives, and cathartics ; and for their action, it is best given in a little cold water. It is valuable in cholera infantum, given by injection, ʒj to ʒvj, warm water ; it speedily arrests the disease.

Query. Has there been found, in the ranks of Hunkerism, a man competent to give a scientific reason why Mercury is used as a remedial agent ? and if not, would it not be well at the next session of the legislature, to request an appropriation as a reward to the lucky discoverer of the *modus operandi*. It might be introduced as an amendment to the bill pending for the suppression of quackery. Of the necessity for the passage of such a bill, no one need doubt who will take the pains to investigate the subject throughout this region. Those who set themselves up for doctors par excellence here, have certainly taken their cue from Bombastus Paracelsus ; and never was haughty Empiricus more confident of success, with less means of ability, than they. One unlucky M. D. here happened to destroy the entire inferior maxillary of one side of the face of a very interesting and beautiful little girl, the daughter of Charles Hughes, besides causing her to lose nearly all her teeth, and producing frightful ulceration of the face and neck, by a dose of Calomel ; whereupon his brethren of the regular fraternity pounced upon him, and declared him to be a quack of the first water, truly. May the good Lord deliver us from the hands of such would-be-censors of the craft.

Springboro, O., July 1, 1853.

# ANNUAL ANNOUNCEMENT

## OF THE

# ECLECTIC MEDICAL INSTITUTE OF CINCINNATI,

## FOR THE SESSION OF 1853-4.

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In making the Ninth Annual Announcement of the Eclectic Medical Institute, we have the pleasure of stating, that the Matriculation List of the past year amounts to 308—a number which renders the Institute one of the five leading medical schools of the Union, and the leading Medical College of the Western half of the United States.

The cause of this prosperity can not be found in any extrinsic aid, for the Institute has never received any pecuniary assistance, nor enjoyed the benefit of imposing architecture and external display; and so far from being sustained by the sympathy of the medical profession, it has encountered a firm and extensive opposition, which has prevented many hundreds of students from attending its lectures, who would otherwise have been attracted. The true causes of its success are four:

1. The character and reputation of its Faculty.
2. The zeal and energy with which they have devoted themselves to their duties.
3. The immense practical value and interest of the instruction which they have imparted.
4. The liberal policy which they have pursued.

1. As to the character and reputation of the Faculty, it is unnecessary to speak. The fact that they have attracted students from the most remote Northern, Southern, Western, and Eastern sections of the Union, and from the halls of the most distinguished medical schools, is a sufficient evidence of their public reputation.

2. The fidelity and efficiency with which the duties of the Institute have been performed, are not limited to the fact that the faculty impart a greater amount of instruction by giving a greater number of lectures than is customary in medical schools, but is also shown in the fact, that by diligent cultivation of their several branches, they have been enabled to present a large amount of interesting and original information not obtainable in other schools, or from published works. Hence, the different classes, satisfied that they had not only been efficiently and thoroughly instructed, but had acquired rare and interesting knowledge, of the highest practical importance, have co-operated in sustaining the reputation of the Institute against the systematic opposition of Old School medical societies.

3. As to the value and interest of the instruction imparted in the Institute, it would require a volume to detail the character of the interesting and practical knowledge which is imparted. Suffice it to say, that the Institute still presents the same attractions which have heretofore filled its halls, with the additions and improvements which are developed by the lapse of time and the progress of science, and with the increased facilities for impressive instruction furnished by a course of Clinical Practice.

In Medical Practice, Surgery, and Obstetrics, the same successful system of sanative and bloodless treatment is efficiently taught, while thorough courses of Chemistry, Anatomy, and Surgery, with anatomical demonstrations, and surgical operations, present the advantages of the most distinguished schools.

The course of Practical Anatomical Instruction, which has heretofore been embarrassed in consequence of the large size of the class, and the lack of the necessary space, will be made hereafter much more satisfactory and agreeable. The plan of the entire building will be remodelled and enlarged before the commencement of the next session, so as to furnish accommodations for about 150 additional students, and give ample space for the prosecution of Practical Anatomy in the dissecting rooms.

In the department of **PHYSIOLOGY** and the **INSTITUTES OF MEDICINE**, a clear exposition of the various organs is given in accordance with the present condition of physiological science, rectifying several errors and defects, and supplying omissions, which are found



even in the ablest physiological text-books of the present time. Physiology is made to elucidate practice by displaying the philosophy of inflammation, fever, consumption, etc., in a manner not attempted at present by physiological writers, demonstrating in a scientific manner the necessity and propriety of the Eclectic reform in Therapeutics. In addition to this, the *PHYSIOLOGY* of the brain and nervous system, of which so little is known to the medical profession, is developed in an interesting manner, so as to give the pupil a philosophical understanding of the mysterious operations of the human constitution, its varieties, temperaments, and pathological conditions, by the exhibition of vital laws, facts and principles heretofore unknown, although of a simple and demonstrable character. No course of lectures upon any established science could present a greater amount of new and important original matter. Nor is this knowledge of a speculative character; it consists of facts and laws which are susceptible of a clear and rigorous demonstration. The philosophy of medical science is presented in a manner which insures the most enlarged and liberal conceptions of medical doctrines and of practical improvement.

THE PROFESSOR OF ANATOMY spares no pains in giving full, minute, and impressive instruction, watching and assisting the progress of each student, and presenting his subject in such a manner as greatly to assist the learner in surmounting its difficulties. The fidelity and ability with which these duties have been discharged, has given much satisfaction; and the additional facilities of the Anatomical department during the approaching session, from the ample space appropriated to dissecting classes, will render the instruction still more efficient. The Institute has always given especial attention to Anatomy, and its present regulations are such as will insure a thorough knowledge of Anatomy in its graduates.

THE PROFESSOR OF SURGERY will take special pains to make his course of lectures upon Operative Surgery, both interesting and instructive, giving the student a clear idea of the most approved method of performing all the major operations, as well as initiating him, by lucid demonstrations, into all of the manipulations attending the minor surgical processes. The treatment of surgical diseases now opens a new field of interest to the surgeon. Formerly the knife was relied upon, chiefly, for the removal of parts affected, morbid growths, and parasites, (including cancers, etc.) but since the Eclectic system of practice has developed its capacity to cure, the knife is discarded, excepting where it is impossible to succeed without its use; then it is resorted to. It is a clearly demonstrated fact, that excision of morbid growths merely detaches the most conspicuous portions of the diseased tissue, and that a suppurative process must be sustained for a certain length of time, to conduct off the indurated, or inflamed, or remaining portion of the diseased part, that may not be sufficiently developed to excite observation. The Professor of Surgery will also spare no pains to make the class fully acquainted, in detail, with the most successful methods of treating Surgical Diseases, a knowledge of which will prepare the student to cope with and supersede surgeons and physicians who have not had the same advantages. Every appropriate circumstance that presents itself, will be taken advantage of to illustrate to the class the superiority of Eclectic Surgery, while the application of new remedies and improved means of cure, will make this department of the science peculiarly interesting. Coming daily in contact with numerous surgical cases, both in the Clinical Institute and in city practice, will afford the means of regular reports and useful instruction to the class.

THE PROFESSOR OF CHEMISTRY, being himself deeply interested in that department of science, develops his subject in a lucid and attractive manner, imparting to others his own scientific interest, and illustrating the science by suitable references to the phenomena inanimate nature and the processes of life in the animal body. Professor Hoyt is not only a well educated, liberal minded, and philosophical devotee to the cultivation of science, but an independent thinker, who presents every subject in his own manner, and whose ambition leads him to make thorough research, and present the most accurate and highest results of established science. Feeling sensibly that the science of Chemistry has been too much neglected in medical study, and that its text-books have not been well calculated to attract and satisfy the medical student, Prof. H. has commenced the preparation of a text-book upon this subject, which will be looked for with much interest by medical students. The subject of Medical Jurisprudence receives full attention from Prof. Hoyt, thus preparing the student for the critical positions and responsibilities connected with that subject.

In the department of **MATERIA MEDICA, THERAPEUTICS, and MEDICAL BOTANY**, the established facts and principles of that department of science are fully and systematically presented; as in the best medical schools, with the addition of the peculiar resources and knowledge belonging the American Eclectic System. Especial attention is given to the leading articles of the *Materia Medica* which are in daily use, and to those concentrated preparations which constitute so important a feature of the present Eclectic practice. Medical Botany is taught with suitable illustrations, and the attention of the student particularly directed to our indigenous plants.

**PROF. J. KING**, whose name is connected with the early history of medical reform, and who is one of the oldest Eclectic practitioners in America, will, in the department of **OBSTETRICS, AND THE DISEASES OF WOMEN AND CHILDREN**, give a thorough and practical course of lectures, rendering the student fully conversant with these subjects, and imparting the recent improvements and most successful methods of treating the diseases of women and children. In Obstetrics proper, the difference between Eclecticism and other systems, consists principally in the collateral treatment. The introduction of new concentrated remedies in Eclectic practice by Prof. K., has given an impetus to further investigations, and led to many new discoveries of a valuable and efficient character, which have greatly advanced and improved the utility and efficacy of medical treatment. In Obstetric practice, these new agents stand unrivalled, exerting influences upon the uterine system of a decidedly beneficial character, and calculated to deprive the period of gestation of its usual dangers and terrors. A complete exposition of all these improvements will be given to the student, and no effort be spared to render him able to cope successfully with all the difficulties pertaining to this branch of the science. [Prof. K. is progressing in the preparation of his work on Obstetrics.]

**THE PROFESSOR OF MEDICAL PRACTICE AND PATHOLOGY**, upon the fidelity and correctness of whose instruction so much depends, brings to his department the proper preparation for a valuable practical teacher. Being the most prominent Eclectic practitioner in Cincinnati, and widely known through the Union as the most distinguished Eclectic Surgeon, his extensive medical and surgical practice places him in the position which should be occupied by every professor of that department in daily contact with the prevalent forms of disease, and personally familiar with the value of recent improvements, instead of depending upon hearsay evidence or reports for the results of clinical experience. In his instructions he avoids those theoretical discussions with which learned professors often encumber their course, and goes direct to the subject of disease and its remedy. He develops the pathology of all maladies in a more exact and thorough manner than was attempted in the early courses of the Institute, and describes after a sketch of the old school treatment, that which he has found most successful. His lectures, therefore have a peculiarly practical and clinical character, being illustrated by reference to cases in his own experience. In presenting the Eclectic treatment, he does not give it as a mere copyist of his predecessors, but aims, like a true reformer, at continual improvement. Having made very extensive use of the new concentrated remedies, which give to the Eclectic practice many advantages which it has heretofore needed, he gives in his instructions the full benefit of these improvements.

Clinical experience is the only true and final test of medical systems and medical teachers. Eclecticism has always proudly relied upon its success, in the treatment of disease. We have often found the reports of the results of Eclectic practice to exhibit a mortality of but one per cent. or less upon the number of cases treated, and never over two per cent., while the mortality in malignant cholera is but five per cent. The results of Prof. Newton's private practice are most eminently successful, and honorable alike to himself and to the cause of Eclecticism, of which his present position renders him the practical exponent. The statistics of Dr. Newton's practice during the past year in 670 families, (which will hereafter be published,) exhibit, in the most eloquent manner, the immense value to mankind of the Eclectic medical reform, and show that the healing art, as at present taught in the Institute, is a glorious illustration of the spirit of progress and the triumphs of the American mind in the nineteenth century. No European college, nor American offspring of the European system, can exhibit such results as these. They are the results of bold,

manly departure from detected errors, in which physicians have heretofore been educated. Professors Newton and Buchanan are graduates of the Louisville Medical Institute, in which the most heroic and destructive mercurial system ever known was then boldly taught. They scorned to be trammelled by such a system, and their own independent observations made them reformers. Prof. King is a graduate of the New York College of Physicians and Surgeons, and near nineteen years since espoused the doctrines of reform. Prof. Bickley is a graduate of the University of London, and declared his preference for Eclectic reform from his own convictions, though entirely isolated from any reformatory influences. The independent and progressive spirit which led these gentlemen to discard the authority of their colleges and the influences of their associations, is the best guarantee of their continual progress in the advancement of medical science. The remainder of the Faculty, Professors Sherwood, Freeman, and Hoyt, are graduates by choice of the Eclectic Medical Institute, and zealously devoted to the progressive movement of reform, in which the entire Faculty move with that unity and harmony which arise from their common perception of demonstrated truths, and of the noble results which they are accomplishing.

4. As to the liberal policy of the Eclectic Medical Institute, it is well understood that this institution protests against all proscriptive rules designed to enforce any species of doctrine of any medical sect; and while it insists upon the duty of every member of the medical profession to become thoroughly instructed in the science and art of medicine—while it advocates the highest order of medical attainments, it insists that every physician who has faithfully studied his profession, shall be entitled to enjoy the right of private judgment—to use all he knows or can learn of the healing art; and in short, to perform his duty to his patient, according to the dictates of his own conscience, without the interference or dictation of any medical society. The Faculty claim that it is not only the right, but the duty of medical men, to examine whatever real or supposed improvements may be introduced into the profession, and to adopt whatever they may find beneficial, without inquiring whether it has or has not been previously sanctioned by a medical college, or a national society. They claim, too, that whenever any measures or remedies are found upon examination to be unscientific, dangerous, or destructive, it is both the right and the duty of individual physicians, as well as of colleges and societies, to lay them aside, and introduce better agencies.

These liberal principles, although still unfashionable and earnestly condemned by the leading authorities of the profession, are such as no unprejudiced mind can reject, and must ultimately triumph in this Republic, however slow may be their progress under despotism.

In the exercise of these rights, the Faculty have introduced a large number of important improvements, of which they are ready to demonstrate the truth and the value—for which they ask only an impartial hearing—and which they believe are almost unanimously adopted by every one who has received their instruction, however prejudiced his mind may previously have been against innovation.

Another important feature in the liberalism of the Institute is presented by the new movement for facilitating and cheapening medical education. Believing that many who are deterred by the heavy expense from attending medical schools, are thus induced to engage in the practice without the necessary qualifications; and believing, too, that the pursuit of knowledge should always be encouraged and made as free as possible from expense, the Faculty resolved in 1852, to abolish the usual fees of the professors, (amounting to ten dollars per session for each department,) leaving only the matriculation and diploma fees to sustain the Institute, which was then the largest school in Cincinnati.

This bold and liberal measure of reform and improvement, was not adopted without a share of opposition from various sources. But experience has demonstrated the wisdom and success of the measure, and rendered it probable that the example of the Institute will hereafter be followed by other institutions.

The large number of students which have been attracted under this liberal policy, must be gratifying to every lover of reform; and although the Faculty may obtain no adequate pecuniary compensation, they expect to be rewarded by the conscientiousness of the performance of duty, and by the grateful appreciation of their exertions.

JOSEPH R. BUCHANAN, M. D.  
*Dean of the Faculty.*

# ECLECTIC MEDICAL INSTITUTE.

Chartered in 1845.—Total Number of Matriculants, 1573.

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W. SHERWOOD, M. D.,

*Professor of Special, Surgical, and Pathological Anatomy.*

J. R. BUCHANAN, M. D.,

*Professor of Physiology, and the Institutes of Medicine.*

R. S. NEWTON, M. D.,

*Professor of Medical Practice and Pathology.*

Z. FREEMAN, M. D.,

*Professor of Operative Surgery and Surgical Practice.*

J. KING, M. D.,

*Professor of Obstetrics, and Diseases of Women and Children.*

G. W. L. BICKLEY, M. D.,

*Professor of Materia Medica, Therapeutics, and Medical Botany.*

J. W. HOYT, M. D.,

*Professor of Chemistry, Pharmacy, and Medical Jurisprudence.*

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ROWLAND R. SHERWOOD, M. D.—DEMONSTRATOR OF ANATOMY.

The Ninth Winter Session of the Eclectic Medical Institute will commence on the first Monday of November, 1853, and continue four months. Gratuitous preliminary lectures will be delivered during the last two weeks of October. No Professors' fees are demanded in the Institute. The only fee required for attendance upon the course, will be \$20, viz: the Matriculating fee of \$15, and a fee of \$5 for the building fund of the Institute. Students desiring Clinical instruction, will have the opportunity afforded them in Newton's Clinical Institute. The ticket to the Clinical course will be \$5. Graduating fee, \$20. Students who may desire instruction upon subjects not contained in a Medical course will find opportunities at the Institute, and in the city. The usual price of board is \$2.50 per week.

The Text-books recommended, are: *Practice*—Newton & Fowell's *Practice*, (now in press,) Wood or Watson. *Pathology*—Williams. *Anatomy*—Harrison, Horner, or Willson. *Surgery*—Hill's *Eclectic Surgery*. *Obstetrics*—Meigs, Ramsbotham, Churchill. *Physiology*—Carpenter, Kirkes & Paget, or Dunglison. *Materia Medica*—Eclectic Dispensatory, U. S. Dispensatory, Pereira. *Botany*—Bickley's *Botany*. *Chemistry*—Fownes, Gardner, Turner. *Dictionary*—Rooper, Gardner, Dunglison.

GRADUATES of the Institute, or of other respectable schools, are admitted to attend the lectures upon the payment of \$5 for Matriculation and \$5 to the Building Fund. Gentlemen who have graduated in other colleges, will find it greatly to their interest to attend a course in the Institute, in which, in addition to the usual elements of a medical education, they will be enabled to acquire knowledge of great importance, calculated greatly to increase their success as practitioners. A spirit of courtesy and liberality is inculcated by the Faculty, and they demand for the doctrines of the Institute nothing but a patient and candid examination.

Experience has shown that collegiate lectures are three times as efficient as private study in advancing the student. It is therefore the interest of those who wish to acquire a thorough education, to attend the Institute forthwith, without losing a session, in waiting for preliminary medical study, which is not necessary to comprehend the lectures. Students, on arriving in the city, will call at the office of Prof. R. S. Newton, Seventh street, between Vine and Race.

JOSEPH R. BUCHANAN, M. D., *Dean.*

# ECLECTIC MEDICAL INSTITUTE OF CINCINNATI

## MATRICULANTS.

WINTER SESSION OF 1852-3.

NAMES.	PRECEPTORS.	RESIDENCE.
Anton, James		Georgia.
Anton, Rebecca L. D.		Georgia.
Arnold, Albert H.	Dr. Purcell.	Indiana.
Albright, Joseph R.	G. W. Fosdick, M. D.	Indiana.
Aldrich, Richard L.	Drs. Gibson & Clark.	Ohio.
Armstrong, Zacheus	Dr. William Leslie.	Ohio.
Archer, George J.		Ohio.
Albertson, Samuel H.		Ohio.
Ashton, William A.		Ohio.
Argabright, John F.		Virginia.
Adams, David	Dr. Falkner.	Indiana.
Adams, Joseph W.	N. Miller, M. D.	Alabama.
Arwine, John S.		Indiana.
Beck, Adam		Pennsylvania.
Bennett, Morgan L.	Dr. H. K. Freeman.	Illinois.
Brown, E. S.	Dr. J. S. Wineland.	Ohio.
Beach, E. E.	J. Bunyan, M. D.	Ohio.
Burnside, A. W.	Dr. J. B. Squires.	Ohio.
Brown, Z. C.		Pennsylvania.
Bailey, A.	Drs. Neal & Hawkins.	Kentucky.
Bradish, John F.		Ohio.
Briggs, G. A.	C. Fulton, M. D.	Ohio.
Barkley, Henry B.	Drs. Smith & Barkley.	Kentucky.
Burkitt, Samuel	William Burkitt, M. D.	Kentucky.
Brown, Samuel W.	B. Heath, M. D.	Pennsylvania.
Benham, H. R.	William K. Everson, M. D.	Ohio.
Baldrige, A. H.	C. J. Childs, M. D.	Ohio.
Brown, Caroline		New York.
Barnes, Orville J.	N. H. Finney, M. D.	Ohio.
Beardsley, Charles		Ohio.
Baker, Jonathan S.	G. H. Hutchings, M. D.	Kentucky.
Byron, Dennis W.	C. Fulton, M. D.	Ohio.
Bunker, L. C.	S. Goodin, M. D.	Indiana.
Broyles, Iiram		Indiana.
Brothers, I.	Dr. Davis.	Pennsylvania.
Bollinger, D.		Pennsylvania.
Bailey, Mary M.		Pennsylvania.
Burns, J. A.	J. B. Burns, M. D.	Tennessee.
Brown, Charles F.	Dr. W. H. Brown.	Ohio.

NAMES.	PRECEPTORS.	RESIDENCE.
Chubb, O. P.	J. M. Allen, M. D.	Michigan.
Comstock, C. B.	Dr. William Hunter.	Michigan.
Cobb, Joseph	Dr. McCorkle.	Indiana.
Cox, L. M.	J. W. Young, M. D.	Indiana.
Callaway, John C.	Dr. A. Teagarden.	Illinois.
Carlisle, James A.	Drs. Riddle & Bishop.	Mississippi.
Clemmer, Joseph N.	U. L. Clemmer, M. D.	Wisconsin.
Curtis, Jonas B.		New York.
Cook, Edwin R.	Dr. Stimson.	Ohio.
Cady, Jesse L.		Michigan.
Clois, Margaret		Pennsylvania.
Cuscaden, Thomas	G. W. Bigler, M. D.	Ohio.
Crumley, William D.	William R. Waddle, M. D.	Ohio.
Crosse, C. G.		Ohio.
Collins, John D.		Tennessee.
Crispell, William		Michigan.
Crampton, Jonathan S.		Ohio.
Carmon, John	J. C. Thomas, M. D.	Kentucky.
Dunster, Martin		Vermont.
Daily, Jesse	Dr. William Daily.	Indiana.
Durant, Joseph F.	J. Parsons, M. D.	Illinois.
Davison, James		Pennsylvania.
Davis, Thomas R.		Ohio.
Dersham, Moses H.	William Leiser, M. D.	Pennsylvania.
Dill, Solomon	Dr. Robert Steele.	Indiana.
Eletun, Eli		Ohio.
Ellis, Thomas C.		Missouri.
Edgerton, Nathan	I. J. Avery, M. D.	Indiana.
Frisbie, J. B. S.	J. S. Frisbie, M. D.	Kentucky.
Foote, Thomas W.	J. Parsons, M. D.	Illinois.
Frease, Solomon	Dr. H. Frease.	Ohio.
Fear, Francis	Dr. Murphy.	Ohio.
Faris, George C.		Kentucky.
Faris, Michael		Kentucky.
Fentress, Thomas J.	Thomas Nash, M. D.	Virginia.
Finkbine, William		Ohio.
Falkner, Thomas L.		Indiana.
French, John	Dr. J. W. Leffingwell.	Ohio.
Fox, John	Drs. B. & F. Ehrmann.	Ohio.
Franklin, Freeman		Ohio.
Grimes, James F.	Drs. Harris & Ames.	Ohio.
Gray, James H.	Wall, M. D.	Mississippi.
Garretson, Joel R.	Prof. R. S. Newton.	Pennsylvania.
Gibbs, George L.	do.	Ohio.
Goucher, Reuben	C. H. Cass, M. D.	Indiana.
Gates, William W.	Drs. Huston & Hubbell.	Ohio.
Gibbs, J. C.		Kentucky.

NAMES.	PRECEPTORS.	RESIDENCE.
Huston, William W.	Dr. William M. Murphy.	Illinois.
Harrington, M. T.		Ohio.
Hatton, George	J. W. Scroggs, M. D.	Ohio.
Hollister, James	Drs. Chase & Watts.	Ohio.
Hollister, Richard	do. do do	Ohio.
Hull, John	Dr. H. Hull, Jr.	Ohio.
Hill, David	J. Athon, M. D.	Kentucky.
Honaker, Jesse E.		Kentucky.
Hewitt, Austin C.	Dr. S. W. Allen.	Ohio.
Heistand, Ezra	Dr. Leslie.	Ohio.
Hulse, David	Drs. Davis & Parks.	Kentucky.
Holland, David T.		S. Carolina.
Hitchcock, Thomas W.	Drs. Gibson & Clark.	Pennsylvania.
Hitchcock, Joseph G.	" " "	Pennsylvania.
Hart, Roland T.	Robert Riley, M. D.	Mississippi.
Harrison, James B.	O. Miller, M. D.	Indiana.
Holmes, Luther C.	J. W. Dorah, M. D.	New York.
Hale Patrick H.	University of Virginia.	Virginia.
Hudson, William M.	Dr. William McMurphy.	Indiana.
Isaacs, James L.	Dr. C. C. Gillespie.	Arkansas.
Johnson, John R.	James L. Gilder, M. D.	S. Carolina.
Jasper, Francis M.	J. Baxter, M. D.	Kentucky.
Jarrett, Jonas	J. H. Carpenter, M. D.	Indiana.
Jeffries, Charles W.		Missouri.
Jacoby, George T.	Dr. G. Jacoby.	Pennsylvania.
Jones, L. J.	Drs. Scroggs & Hackett.	N. Carolina.
Johnson, Jesse H.	J. W. Scroggs, M. D.	Ohio.
Kraps, John	Dr. E. A. Farquhar.	Ohio.
Ketchum, Joel L.	Drs. Steely & Bowman.	Missouri.
Keller, George		Ohio.
Knepple, William H.	Dr. Franklin.	Ohio.
Kemmis, James H.		Ohio.
Kesling, Isaac	William K. Everson, M. D.	Ohio.
Kyzer, Jacob W.	Dr. Whelan.	Ohio.
Leech, Jerry	J. G. Howell, M. D.	Ohio.
Levanway, William A.	J. B. Pierce, M. D.	New York.
Laws, Ovid S.	R. Bard, M. D.	Illinois.
Lawyer, John J.	Dudley Allen, M. D.	Ohio.
Loy, Jacob	Dr. Loy.	Ohio.
Loy, John		Ohio.
Latta, William S.		Ohio.
Lampman, Ambroso	B. S. Sweet, M. D.	Michigan.
Lane, John H.	D. Lathrop, M. D.	Ohio.
Lewis, Henry H.		Kentucky.
Lynch, Nat. G.	Dr. A. R. Brown.	Michigan.
Leiper, John A.		Iowa.
Lafferty, Joseph	L. Voorhies, M. D.	Ohio.

NAMES.	PRECEPTORS.	RESIDENCE.
Louthan, John B.	N. L. Vanzandt, M. D.	Ohio.
Lester, Robert		Kentucky.
Lake, Elias H.	A. Sanborn, M. D.	Maine.
Long, Henry C.		Ohio.
McCulloch, Lucius S.	Dr. Whitaker.	New York.
Mower, Henry	D. R. Smith, M. D.	Pennsylvania.
Mitchell, James		Virginia.
McNabb, O. H.		Ohio.
Millett, George W.	Dr. W. M. Harris.	Ohio.
McNair, Samuel	Dr. P. D. Miller.	Illinois.
Myers, Henry A.		Pennsylvania.
McHose, Isaac	P. M. C. Miller, M. D.	Ohio.
Manville, Nicholas E.	Dr. J. W. Manville,	Indiana.
McKinney, A. M.	J. Emmons, M. D.	Ohio.
Miner, Charles E.		Pennsylvania.
Mitchell, Francis P.		Ohio.
McIntyre, Spalding	Drs. Sheets & White.	Illinois.
Martin, W. C. E.	F. H. Judd, M. D.	Pennsylvania.
McFatricks, Hugh A.	" " "	Pennsylvania.
Murphy, A. J. K.		Ohio.
McKinney, Samuel J.	S. N. Caldwell, M. D.	Ohio.
Moore, C. C.	Samuel Moore, M. D.	New York.
Miller, Jonathan G.	Dr. S. W. Butcher.	Ohio.
Newell, Oliver A.	Dr. E. R. Tuller.	Ohio.
Odor, S. Elwood	Dr. J. S. Slaughter.	Ohio.
Oswald, Samuel C.	Drs. Loy & Nelson,	Ohio.
Price, Pendleton P.	Dr. Hutchinson.	Indiana.
Pearce, George C.	S. H. Chase, M. D.	Ohio.
Phillips, John T.	William Snead, M. D.	Virginia.
Pearson, James C.	C. D. Pearson, M. D.	Indiana.
Pickering, Barton		Ohio.
Powers, W. H.	J. A. Powers, M. D.	Missouri.
Parrott, David F.	J. S. Watts, M. D.	Iowa.
Philpott, James H.	E. D. Ransom, M. D.	Iowa.
Piggott, Joshua	Dr. B. F. Bethel	Ohio.
Phillips, Elijah D.	B. F. Barkley, M. D.	Kentucky.
Pitts, Vincent		Pennsylvania.
Pittman, John L.	J. W. Wall, M. D.	Mississippi.
Rumsey, Julia	A. Niles, M. D.	New York.
Rechel, William	William Hewitt, M. D.	Tennessee.
Rotsel, Oliver J.		Ohio.
Roe, James	E. R. Roe, M. D.	Kentucky.
Reese, John H.		Illinois.
Rodgers, John F.	Dr. Smith.	Kentucky.
Redfield, Sylvester	H. Morgan, M. D.	Indiana.
Rice, S. M.		Kentucky.



NAMES.	PRECEPTORS.	RESIDENCE.
Rice, Richard		Kentucky.
Ransom, M. P.	Dr. N. L. Isgrigg.	Indiana.
Rice, Clinton	M. A. Kelley, M. D.	Ohio.
Rice, Newton J.	M. Rice, Jr., M. D.	Ohio.
Stocksleger, Amos	J. Carpenter, M. D.	Pennsylvania.
Shults, Francis A.	J. A. Taylor, M. D.	Indiana.
Spear, Benjamin W.	William Paine, M. D.	Ohio.
Sherwood, R. R.		Indiana.
Smith, Alvin R.	Dr. G. Ellis.	Pennsylvania.
Smith, E. D.	Dr. J. White.	Ohio.
Spencer, C. C.	Prof. R. S. Newton.	Ohio.
Secrest, James D.	T. O. Mershon, M. D.	Kentucky.
Severance, William S.	D. D. Fisk, M. D.	Mass.
Squier, John B.		Ohio.
Stanton, Daniel		Pennsylvania.
Shepard, William	Dr. H. Halsted.	New York.
Seay, George W.	C. T. Seay, M. D.	Kentucky.
Stick Jesse,	W. A. Albaugh, M. D.	Pennsylvania.
Sucese, John M.		Pennsylvania.
Scarlet, Levi		Pennsylvania.
Shep. Andrew		Kentucky.
Smiley, James J.	W. O. Smith, M. D.	Ohio.
Taylor, George W.		Ohio.
Tucker, Alvin C.		Ohio.
Terry, William	Dr. Hubbill.	Ohio.
Thomas, Henry		Kentucky.
Thompson, A. D.		Ohio.
Taylor, James		Ohio.
Tisdale, Denison	Dr. Manwarren.	Michigan.
Todd, James A.	G. R. Brown, M. D.	S. Carolina.
Tibbitts, Isaac		Kentucky.
Underwood, Israel	E. Potter, M. D.	Indiana.
Van Pelt, David S.	A. Teagarden, M. D.	Indiana.
Vaile, De Witt C.		Pennsylvania.
Wonsetler, Gideon	Dr. Deemer.	Ohio.
Wuist, Jacob F.	Dr. T. V. Lyons.	Ohio.
Williams, Barton H.	Dr. E. B. Hall.	Pennsylvania.
Woodruff, Martin		Illinois.
Wilson, Samuel	Dr. E. Beard.	Ohio.
Wilson, John B.	Dr. Furnace.	Indiana.
Wilson, Willis B.	B. C. Bowell, M. D.	Indiana.
Wilson, Richard M.	Joel Loomis, M. D.	Michigan.
Williams, Isaiah	William Thayer, M. D.	Ohio.
Williams, Savina	Dr. I. Williams.	Ohio.
Weeks, Joseph	Dr. Peck.	Indiana.

NAMES.	PRECEPTORS.	RESIDENCE.
Wann, John W.	J. W. Wann, M. D.	Alabama.
Walker, Samuel P.	Drs. McCown & Cloud.	Indiana.
Ward, Thomas R.	F. M. Peterson, M. D.	Alabama.
Woods, Peter N.	Dr. Rotsel.	Ohio.
Wilson, John P.	Dr. S. M. Butcher.	Ohio.
White, Hanford W.	Henry White, M. D.	Ohio.
Whitaker, George W.	Dr. C. Reading.	Ohio.
Waugh, Elam H.		Indiana.
Yeagley, Andrew	H. Yeagley, M. D.	Pennsylvania.
Yount, J. Milton	Prof. R. S. Newton.	Ohio.

RECAPITULATION.

Ohio,.....	92	Tennessee,.....	3
Indiana,.....	30	Iowa,.....	3
Pennsylvania,.....	28	South Carolina,.....	2
Kentucky,.....	25	North Carolina,.....	2
Illinois,.....	10	Georgia,.....	2
New York,.....	8	Arkansas,.....	1
Michigan,.....	8	Wisconsin,.....	1
Virginia,.....	5	Massachusetts,.....	1
Missouri,.....	4	Maine,.....	1
Mississippi,.....	4	Vermont,.....	1
Alabama,.....	3	Total,.....	233

SPRING SESSION OF 1853.

NAMES.	PRECEPTORS.	RESIDENCE.
Adams, Joseph Warren	Dr. Nicholas Miller.	Alabama.
Anderson, Samuel Brooks	Dr. J. Davis.	Ohio.
Brown, Z. C.	Dr. B. P. Brown.	Pennsylvania.
Brown, Caroline	Institute.	New York.
Benham Harvey R.	William K. Everson, M. D.	Ohio.
Burnside, Aaron W.	O. B. Blymise, M. D.	Ohio.
Beebe, James	Dr. D. Wood.	Ohio.
Brown, Lucinda R.	S. R. Brown, M. D.	Texas.
Bailey, Mary M.	Troy Institute, N. Y.	New York
Birch, Anson	Dr. White.	Indiana.
Beck, Adam		Pennsylvania.
Bailey, Gilbert F.	S. H. Chase, M. D.	Ohio.
Burns, Joseph A.	Dr. I. B. Burns.	Tennessee.
Bonebrake, M. M.	Dr. A. Hull.	Ohio.
Cutler, George F.	Dr. S. Wood.	Pennsylvania.
Cable, Abraham H.	Dr. R. E. Cable.	Ohio.
Crowfoot, James	Hartford Institute, Wis.	Wisconsin.

NAMES.	PRECEPTORS.	RESIDENCE.
Clayton, Marion F.	Dr. D. D. Franklin.	Ohio.
Churchill, John A.	Dr. I. B. Hibbard.	Vermont.
Cuscaden, Thomas	G. W. Bigler, M. D.	Ohio.
Cropper, Charles		Ohio.
Cropper, Augustus H.		Ohio.
Dersham, Moses H., M. D.		Pennsylvania.
Doty, Hylon		New York.
Elstun, Eli	Mulberry Institute.	Ohio.
Finkbine, William		Ohio.
Fentress, Thomas J.	Thomas Nash, M. D.	Virginia.
Gibbs, George Lundy	Prof. R. S. Newton.	Ohio.
Gullett, Andrew	Dr. A. Ashbaugh.	Indiana.
Gray, H. James	Wall, M. D.	Mississippi.
Hartning, Theodore		Ohio.
Hull, John	Dr. H. Hull, Jr.	Ohio.
Hunt, Samuel B.	Dr. D. Cary.	Ohio.
Hammer, Isaac A.	Drs. Cook and Paris.	Iowa.
Henderson, James E.		Georgia.
Holland, David T.	Dr. G. R. Brown.	S. Carolina.
Hewett, Austin C.	Dr. S. W. Allen.	Michigan.
Hart, Roland T.	Dr. R. Riley.	Mississippi.
Huston, W. M.	Dr. W. M. Murphy.	Illinois.
Jacoby, George T.	Dr. George Jacoby.	Pennsylvania.
Johnson, John R.	Dr. G. L. Guildler.	S. Carolina.
Jones, Enoch P.	Dr. J. W. Ellis.	Indiana.
Ing, Joseph H.	Dr. F. Howell.	Tennessee.
Latta, William S.		Ohio.
Leonard, Morgan R.	Dr. M. Richardson.	Pennsylvania.
Lewis, Henry H.		Kentucky.
Lake, Elias H.	A. Sanborn, M. D.	Maine.
Lattner, Joseph T.	Dr. J. V. Lattner.	Georgia.
McHenry, Van	M. Thomas, M. D.	Ohio.
McCulloch, William	Dr. N. Goodwin.	Indiana.
Myers, Henry A.		Pennsylvania.
Macomber, J. M.	Dr. Baker.	New York.
Nobles, Allen B.		N. Carolina.
Nisbet, John C.	Dr. S. R. Nisbet.	Kentucky.
Ogden, John H.		Virginia.
Patty, William	O. P. Base, M. D.	Ohio.
Reynolds, Russell N.	Dr. H. Reynolds.	Ohio.
Russell, Abraham	Dr. T. V. Lyons.	Ohio.

NAMES.	PROFESSORS.	RESIDENCE.
St. Clair, Robert	Dr. W. F. Smith.	Ohio.
Stocum, Charles W.	Dr. John Bender.	Michigan.
Stowell, C. C.	Drs. Bennett & Ketchum.	Michigan.
Stewart, Thurston F.	Dr. John Stewart.	Virginia.
Swift, John Marcus	Dr. O. R. Swift.	Michigan.
Short, Wesley	Dr. M. Short.	Indiana.
Sears, Barton	Dr. H. T. N. Benedict.	Indiana.
Shotwell, Jeremiah	Milton Thomas, M. D.	Ohio.
Terry, William	Dr. B. Hubbard.	Ohio.
Turrentine, Joel		Alabama.
Tibbetts, Isaac		Kentucky.
Vigor, Henry	Dr. James Brownfield.	Ohio.
Vance, James W.		Ohio.
Williams Elias	R. R. Mathews, M. D.	Iowa.
Washburn, William W.	Dr. L. C. Washburn.	Ohio.
Wuist, Jacob F.	Dr. T. V. Lyons.	Ohio.
Wilkerson, William North	Drs. J. & J. G. Hayward.	Tennessee.

**RECAPITULATION.**

Ohio,.....	29	Mississippi,.....	2
Pennsylvania,.....	7	Georgia,.....	2
Indiana,.....	6	South Carolina,.....	2
New York,.....	4	North Carolina,.....	1
Michigan,.....	4	Texas,.....	1
Kentucky,.....	3	Maine,.....	1
Virginia,.....	3	Vermont,.....	1
Tennessee,.....	3	Illinois.....	1
Iowa,.....	2	Wisconsin,.....	1
Alabama,.....	2	Total.....	75

**GRADUATES OF THE WINTER SESSION OF 1852-3.**

NAMES.	RESIDENCE.	SUBJECT OF THESIS.
Anton, James	Georgia.	Salvia Officinalis.
Aldrich, Richard L.	Ohio.	Venesection.
Beach, Edward E.	Ohio.	Remittent Fever.
Bunker, Ledyard C.	Indiana.	Parturition.
Cady, Jesse L.	Michigan.	Hepatitis.
Cross, Charles G.	Ohio.	Matter and Spirit.
Curtis, Jonas B.	New York.	Mercury and Mercurial Diseases.
Dersham, Moses H.	Pennsylvania.	Varioloid.
Dunster, Martin	Vermont.	Lobelia Inflata.
Dill, Solomon	Indiana.	Typhoid Fever.

NAMES.	RESIDENCE.	SUBJECT OF THESIS.
Ellis, Thomas C.	Missouri.	Idiopathic Fevers.
Franklin, Freeman	Ohio.	Miasmatic Fever.
Frisbie, John B. S.	Kentucky.	Aurigo.
Gates, William W.	Ohio.	Inflammatory Rheumatism.
Hale, Patrick H.	Virginia.	Mania.
Hitchcock, Joseph G.	Pennsylvania.	Inflammation.
Hollister, James	Ohio.	Medical Reform.
Keller, George	Ohio.	Scarlatina.
Kraps, John	Ohio.	Erysipelas.
Loy, John	Ohio.	Erysipelas.
Long, Henry C.	Ohio.	Scarlet Fever.
Lester, Robert	Kentucky.	Pure Air and Exercise.
Martin, William C. E.	Pennsylvania.	Dyspepsia.
Miller, Jonathan G.	Ohio.	Acute Peritonitis.
Mitchell, Francis P.	Ohio.	Fallacies of the Schools.
McFatrigh, Hugh A.	Pennsylvania.	Intermittent Fever.
Pearson, James C.	Indiana.	{ Diseases and Topography of Or- ange County, Indiana.
Phillips, John T.	Virginia.	Botany.
Pitts, Vincent	Pennsylvania.	Causes of Cholera and Scarlatina.
Reece, John H.	Illinois.	Varioloid.
Redfield, Sylvester	Indiana.	Duty of Eclectic Physicians.
Sherwood, Rowland R.	Indiana.	Physical Diagnosis.
Smith, Alvin R.	Pennsylvania.	Dysentery.
Shepard, William	New York.	Digestion and Diet.
Severance, William S.	Mass.	Typhus Fever.
Squier, John B.	Ohio.	Pleuritis.
Spear, Benjamin W.	Ohio.	Fever.
Stanton, Daniel	Pennsylvania.	Practice of Medicine.
Tisdale, Denison	Michigan.	Diseases of Oakland County, Mich.
Underwood, Israel	Indiana.	Unity of Fever.
Vaile, De Witt Clinton	Pennsylvania.	Varioloid.
Waugh, Elam H.	Indiana.	Typhoid Fever.
Ward, Thomas R.	Alabama.	Absorption.
Williams, Isaiah	Ohio.	{ Chemical Phenomena of Vegeta- tion.
Wilson, John B.	Indiana.	The Blood.
Whitaker, George W.	Ohio.	Diseases of the Liver.
Youart, John Milton	Ohio.	Intermittent Fever.

## HONORARY DEGREE.

Anson R. Brown,.....Michigan.

**GRADUATES OF THE SPRING SESSION, 1853.**

NAMES.	RESIDENCE.	SUBJECT OF THESIS.
Adams, Joseph W.	Georgia.	Typhus Fever.
Benham, Harvey R.	Ohio.	On Heat.
Brown, Caroline	New York.	{ On the Moral Symptoms of Abnormal Conditions of the Human System.
Burns, Joseph A.	Tennessee.	
Burnside, Aaron W.	Ohio.	Effects of Mercury on the System. Mania
Cascaden, Thomas	Ohio.	{ The Blood and the Causes of the Circulation.
Doty, Hylon	New York.	
Elastun, Eli	Ohio.	Panama Fever.
Fentress, Thomas J.	Virginia.	On the Blood.
Finkbine, William	Ohio.	Medical Review.
Gray, James H.	Mississippi.	Treatment of Children.
Holland, David T.	S. Carolina.	Typhoid Pneumonia.
Hull, John	Ohio.	Typhus Fever.
Hewett, Austin C.	Ohio.	Hepatitis.
Hammer, Isaac A.	Iowa.	Use of Chloroform.
Johnson, John R.	S. Carolina.	Uterine Hemorrhage.
Lattner, Joseph T.	Georgia.	Fevers in General.
Lake, Elias H.	Vermont.	Typhoid Fever.
Nobles, Allen B.	N. Carolina.	Reform and Reformers.
Terry, William	Ohio.	Phenomena of Inflammation.
Tibbitts, Isaac	Kentucky.	Dysentery.
Tuke, Edward	Indiana.	Health.
		{ Duties of the Medical Attendant in cases of Labor.

**TOTAL MATRICULANTS AND GRADUATES OF THE COLLEGIATE  
YEAR OF 1852-53.**

Matriculants, Winter Session, .....	233
do Spring do .....	75
Total,.....	308
Graduates of Winter Session,.....	48
do Spring do .....	22
Total Graduates of 1852-53,.....	70

## PART II.—MISCELLANEOUS SELECTIONS.

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### ON THE USE OF TARAXICUM IN CERTAIN MORBID CONDITIONS.

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BY A. FORSTER AXON, M. D.

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IT has often occurred to me, that in the multiplicity of new remedies, which chemistry and a closer knowledge of the vegetable kingdom are daily bestowing on the healing art, we are apt to overlook some valuable agents, simply because they have long been known, and may at times have failed to realize expectations when most relied on. Novelty and fashion have their votaries, even in medicine. To some such influence must be referred the popular repute of some medicaments, and their short lived hold on the faith and confidence of the profession. Used for a certain set of symptoms, we do not inquire into their modes of action as remedial agents, but seek by analogy rather to extend their applications and diversify their uses. This process of reasoning and experiment, however safe in matters of logic, too often involves us in doubt and leads us to a denial of their assumed virtues altogether. The truth is, that in the present condition of medical science—using the phrase in its widest acceptation—there is no more difficult inquiry than that of the modes of operation of the various articles of the *materia medica* upon the animal organism. Plausible and ingenious speculations abound, but as yet it is not possible to construct out of them formulæ, which may be regarded as expressing principles general enough for all our facts. Vital chemistry has done much to enlighten our ignorance, but its teachings are not seldom contradicted by clinical experience, and certain facts are left isolated, which no theory has, hitherto, been adequate to comprehend. Nor should this seem very wonderful when we reflect on the kind and nature of the obstacles that hedge around such inquiries. They involve not only questions in which the blood and other fluids of the body are directly concerned, but in an equal degree the solids also, and their mutual relations and affinities, and all subordinated to a principle of vitality which necessarily and powerfully modifies the action of admitted forces, whether chemical or physical. Hence the proclivity to adopt briefer and less laborious methods in our investigation into the laws of action of medicaments, and the uncertainty, if not positive denial, of efficiency to many that once were honored with favors little short of what should rightly belong to catholicons, did such really exist. I shall not aim, in recording the

following cases, to restore to forfeited esteem a medicine which once was vastly applauded, but is now neglected or seldom prescribed. If I can accurately define and limit the pathological conditions, in which I have found its use of marked benefit, and show, in the history of these cases, that it is a reliable agent, acting with certainty and safety, I believe more will be effected than by any extravagance of praise or undue heralding of its virtues.

It may be premised here, that by all observers who have noticed the results of the use of Taraxicum, it is pretty uniformly spoken of as a solvent and tonic, and mainly indicated in chronic disorders of the digestive organs, including in this term the large glandulæ annexed to the alimentary canal, and directly subsidiary to its functions. There can be little doubt of its tonic powers, if bitterness, a quality possessed by the recently expressed juice of its root, be supposed indicative of such powers of medicine. Mr. Donovan, in an article of the Dublin Medical Press, for June, 1851, seems to have investigated the properties of the fresh juice of the root with great care, and with reference to a better mode of preparing it so as to preserve its powers. In his opinion, the bitterness is due to the presence of a proximate principle that is crystalizable, and which "naturally belongs to the juice." The form in which, in this latitude, we usually see it, is that of the extract of commerce, or of the dried root, in neither of which is the presence of bitterness appreciable. It is highly probable that in this, as in other instances, the love of thrift, of dishonest gain, rather than imperfect modes of preparation, has craftily qualified the extracts, and given us an inert instead of a really valuable drug. According to Mr. Donovan, however, the bitterness of the juice is not its only property. He has found it "to contain sulphates, phosphates, muriates, and tartaric acid, or a bitartrate," constituents that, doubtless, conduce much to its value as a remedial agent. In truth, I believe that to these latter constituents is due its chief excellence as a *renal alterative*, and as such a powerful depurative of the blood, a property not generally accorded to it. It is well known that there are medicines which, when introduced into the system, sensibly affect the metamorphosis of the tissues, increasing the quantity of solid matter passing out with the urine. To this class belong not only the alkalies and their carbonates, but all the salts of alkalies capable of being decomposed while in the body and converted into the carbonates, such as the citrates, tartrates, etc. The writings of Bird, Pecquerel, and others, have made us familiar with these properties and their *modus operandi*. Heretofore, whenever the diuretic action of Taraxicum was conceded, it was supposed from analogy to be similar to that of Guaiacum, Squill, or Juniper, articles well known from every-day experience to be capable of augmenting the renal secretions, but without any power to induce chemical change in organic matter, and thus to effect those metamorphoses by which the blood is purified and waste matter got rid of. It was rather as a renal hydra-



gogue than as a depurant we were disposed to class it. In the careful analysis of the fresh juice by Mr. Donovan, and the discovery therein of some of the alkaline salts, we are now able to correct this error, and to assign it a better defined position in our catalogue of medicines, one, at least, that brings it within the verge of those chemico-pathological doctrines which have done, and are still doing, so much to simplify the art of treating and curing diseased conditions. With this preface, I will cite two or three cases illustrative of its powers.

*Case I.*—Joseph Smith, aged 28, of full habit, and a sanguine temperament—free in his modes of living—rather inclined to dissipation—was seized with spitting of blood—great distress about præcordial region—rapid breathing—pulse frequent and strong—skin warm and plentifully bedewed with perspiration. Auscultation disclosed in cardiac region, only tumultuous impulse of the heart—no murmurs or *bruit*—loud and large moist rhoncus over both lungs, such as is usually heard in hemoptysis, or more properly, in pulmonary hemorrhage—percussion indicated no remarkable modification of the resonance of the lungs until the right hypocondriac region was approached, when it became flat and dull. Passing the hands down the margin of the ribs, and making pressure over the liver, much tenderness was felt; this extended round to the vertebral column. Bowels had been confined for some days previous, and urine had been high colored and scanty. Tongue heavily furred at its posterior half, and the whole surface covered with a thick clammy saliva—breath hot and strong. I had him bled to some sixteen ounces, when the pulse became soft and broad. A brisk cathartic of infus of Sennæ and Manna was ordered.

I saw him the succeeding day, when his medicine had operated well, and, excepting the tenderness in the hepatic region, he seemed every way improved. There was occasional hemoptysis during the day. Deeming his condition one that admitted of the diuretic and deobstruent action of the dandelion, I left the following prescription with him :

R. Fresh root of Taraxicum ʒss,  
Extract of Taraxic 3j,  
Sodæ Bicarbon ʒss,  
Extract Gentian 3j,  
Boiling water oj.

Infuse for a half hour, decant, and when cold, a tea-cup full to be taken twice daily. Diet to be light and unstimulating. Under the use of this combination I had the satisfaction to find every indication of disease, and every morbid symptom to yield. The hemoptysis ceased, the tenderness to pressure over liver disappeared, and the urine became of a normal color.

There is no doubt that we had here great venous congestion of the right side of the heart, lungs and liver, that the venesection and free purging effectively relieved this, leaving a residue of disease

only in the liver, which still shewed signs of tenderness on pressure. The kidneys likewise shewed in the color and scantiness of their secretion that there remained something further to be done. I am persuaded that the salt of sodæ and the taraxicum combined, mainly contributed to those decompositions and changes of tissue, by which the waste material and the products of disease were largely increased and eliminated through the medium of the urine, and the organs consequently restored to their physiological state.

*Case II.*—Frances, servant of Mr. Raymond, had been declining in health for some time—had been under the treatment of several physicians, by some of whom she was told her spine was affected. Her condition, when I saw her, was thin and somewhat emaciated; she moved about slowly, shuffling along rather than walking, complained of pain in her back, directly over the kidneys; no appetite, and imperfectly digesting what she ate; constant acidity of the stomach; bowels irregular rather than costive, and urine small in quantity and of a deep color; tongue coated with a heavy brown fur, broad and indented at the sides from pressure of the teeth. Her uterine organs evinced functional disturbance, the menstrual flux sometimes being suspended for a term or so, and always deficient in quantity; no dysmenorrhœa. A careful exploration of the abdominal organs gave out signs of tenderness over right hypocondrium, and extending back to the spine. I commenced the treatment of this case by having her dry cupped over the whole of the tender part and repeated as often as tenderness was felt, to take a pill of Rhubarb, Aloes, and Spanish Soap, every other night till her bowels were regulated, and twice during the day to drink a tea-cup of the infusion Taraxicum, according to the preceding formula. This treatment was extended over a period of a fortnight before any visible improvement was noticed. After this she mended in health rapidly, could walk with briskness and for long distances without fatigue or tripping—appetite restored, and in a word, all her functions coming round to a normal point, both in the kind and degree of their action. I saw this woman a year afterward, and she seemed in perfect health.

*Case III.*—J. M., a produce broker of the city, of dull, phlegmatic habits; a gross feeder, and inclined to sleep after a meal's debauch; sent for me to see him in one of his "bad spells," as he termed it; had no appetite or relish for food, yet ate largely at each meal; was sallow in skin; eyes also heavy, the adnata injected with a yellow stain; brain dull, torpid, and slow to act; tongue densely coated, and breath offensive; bowels regular, but urine high-colored, "looking like ley;" no pain, on pressure, over any portion of the body, although feeling full over the whole abdominal region; was frequently attacked with neuralgic pains, but rarely severe enough to confine him to bed, generally seated in one or the other thigh posteriorly—sciatica in fact. As the case was manifestly one of excessive and habitual indulgence of a gormandizing appetite, with inadequate excretion

from the large secerning organs, the main indication was hygienic, viz: to moderate the quantity of his food as well as to assign its quality. With this restriction he was at once placed on the use of the dandelion, and kept on it for two or three weeks. During this interval his skin cleared up, losing its sallowness; the eyes became clear and bright, and the entire man seemed renovated; the urine gradually marking in its changes from the "color of ley" to a pale straw, the progressive steps to health and vigor.

I could go on enumerating cases similar to these, did I not regard them as sufficiently illustrative of the alterative and tonic powers of *Taraxicum*. That something is due to the combination with Soda, must be admitted when we consider how completely this class of medicines affects the composition of the tissues and their relations with the blood and other organic fluids. But since the careful analysis of Donovan, *Taraxicum* itself is found to supply an element in the bitartrate and its other salts, well adapted to meet all the exigencies of a renal depurant. It is, consequently, in such frequent perversions of nutrition as are furnished by our narrated cases, in deficiency or incompleteness of secondary assimilation, where the excreta fail and the blood becomes charged with their effete matter, that it is chiefly indicated, and its salutary and remedial powers exerted.

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## ON REFLEX PHENOMENA.

BY M. OL. BERNARD.

[Translated from the *Gazette Medicale* by Dr. O. BAIRD.]

Reflex Phenomena are of two kinds—the one having for object the accomplishment of the functions of organic life, the other those of animal life. Mr. Bernard has, by his experiments, endeavored to show that both of these phenomena are originally identical, and that the great sympathetic nerve plays a prominent part in their production. He first examined the reflex phenomena of organic life.

Two kinds of nerves are requisite for the production of these phenomena—the first transmits the impression to the nervous centers, the second to the viscera. With one order of these nervous filaments is always connected a ganglion of the great sympathetic; example: the lingual nerve transmits the impression of taste to the nervous centers, a special nerve then conveys a corresponding excitation to the submaxillary gland; on one of these nerves is situated a ganglion of the sympathetic, the submaxillary ganglion. Another example: the optic nerve and the *motores oculorum*, the first transmitting the impression, the second the reflex excitation, are

separated by the ophthalmic ganglion. The pneumogastric nerve may be considered in the same light in its relations with the liver, lungs, and spinal marrow; the last is here a conductor of reflex excitation, and the ganglia of the solar and cardiac plexuses play the same part as that which has been assigned in the preceding examples to those of the submaxillary and ophthalmic regions.

Excite the lingual nerve, and the secretion of saliva will be increased; cut the submaxillary ganglion, the nerve which connects it with the nervous center, and the excitation of the lingual nerve will no longer produce this phenomenon. The experiments of Herbert Mayo prove that in the movements of the pupil, the results are identical as regards the optic nerve and the *motores oculorum*.

The pneumogastric nerve is the seat of analogous phenomena; as example: this nerve transmits to the nervous center the impression made upon the lungs by atmospheric air, their habitual excitant; this impression, by means of the spinal marrow and sympathetic, immediately causes the production of sugar in the liver, which secretion, the result of reflex action, corresponds to the excitation of which the lungs are the seat, just as the secretion of saliva is the result of an irritation of the lingual nerve. Excite the lingual nerve and the secretion of saliva will be exaggerated; excite the lungs by means of chloroform or chlorine, and the secretion of sugar in the liver will be increased. From these considerations, Mr. Bernard is led to attribute the exaggerated production of sugar in the liver, caused by irritation of the pneumogastric nerve, to the reflex phenomena of organic life.

After having called the attention of the society to the important function which is performed by the great sympathetic in the production of visceral reflex phenomena, Mr. Bernard asks if the reflex phenomena of the limbs have not, even in this last point of view, a great analogy with the preceding. It seems at the first glance that such is not the case; for in the experiments of Marshal Hall, the ganglia do not appear to have any relation with the production of reflex movements. The following experiment, however, imagined by M. Bernard, seems to show that the intervertebral ganglia can not be wounded without a corresponding cessation of reflex movement in the limbs. By a singular disposition, the roots of the nerves of the anterior members in the frog, are seen, on dividing successively the muscles of the shoulder, to the outside of the medullary canal; the posterior provided with their proper ganglia. If these be examined attentively it will be observed that *all* the nervous filaments of the posterior root do not traverse the ganglia, and that a certain number of them may be easily isolated by the point of a needle. From this anatomical arrangement it results that the ganglia may be destroyed and still a portion of the posterior root remain intact. Now, if the section of the ganglia in the living frog be completed, reflex action ceases in the corresponding member; the animal no longer withdraws its foot on its being irritated; that

sensibility, however, remains perfect, is proven by the fact that the animal manifests signs of pain by movements of the *whole* body. This experiment shows, then, that the intervertebral ganglia are necessary to the production of reflex movements in the limbs. Lead by analogy, Mr. Bernard concludes, in assimilating the intervertebral ganglia with those of the great sympathetic, that they are both necessary in the production of the two orders of reflex phenomena admitted by him.

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### PROF. CHARLES CALDWELL.

This aged and distinguished medical man died on the 9th of July, 1853, at Louisville, Ky., at the age of 90 years. He was probably the oldest physician in the United States, and is widely known by his writings, and as a lecturer to the profession. In the following sketch, taken from the Louisville Courier, the writer does but justice to the brilliant talents of Dr. CALDWELL. Yet he does not dwell sufficiently upon one of his noblest characteristics, in which he was especially pre-eminent. We allude to his love of liberal and philanthropic doctrines, and his moral courage in sustaining truths which were in advance of the spirit of the times. This was shown not only in his essays upon quarantines, upon education, upon the penitentiary system, capital punishment, and the unity of the human race, but still more conspicuously in his early adoption and defense of *Phrenology*, and his vigorous defense of the facts of Mesmerism against a violent opposition from the profession. Still more recently, when the doctrines of GALL and SPURZHEIM were remodeled and enlarged by Professor BUCHANAN, he was the first medical man of distinction who gave the new discoveries a courteous investigation, and hailed with great cordiality these accessions to mental and physiological science. The liberality of Dr. C. was carried to the utmost extent compatible with his position in the ranks of a conservative profession, and indeed seriously impaired his influence and led to a final rupture with the Institution founded by himself, from which he was removed several years since. These facts the Louisville school would be pleased to forget if it could, but its decline since it lost the services of Dr. C. constitutes a standing memento of its erroneous policy. Had Dr. Caldwell been but a little more original and radical in his views, he would have been much earlier expelled from conservative medical organizations, and would have been the founder of a new movement in the profession. As it has been, Dr. C. occupied an intermediate position between the conservative body and the radical movements of "Young America" in revolutionizing the profession.

Prof. Charles Caldwell did more than any one to enlighten the public and the profession on the origin of yellow fever, and clearly illustrated the absurdity of quarantines. Some years before the Asiatic cholera invaded Europe as an epidemic, Prof. Caldwell predicted that in one respect cholera would prove a blessing to mankind, by teaching the worthlessness of quarantine regulations, and the vital necessity of attention to all the laws of sanitary science; and this prediction, as full and clear as the history of the epidemic can be made now, has been verified in every particular. This prophetic prediction of the venerable teacher was recently made the conclusion of an invaluable report on cholera, published by the British Parliament.

At the commencement of his medical career, Prof. Caldwell settled in Philadelphia, and won great distinction. Among the writers and investigators of that period, Dr. Caldwell was the greatest. He towered above his contemporaries as a tall monument springs from the plain.

In addition to Dr. Caldwell's luminous and voluminous labors upon all the important questions of medical science, all subjects of public interest felt the benefit of his intellect. His papers on Quarantines, Malaria and Temperaments, are among the best in the English language on those topics. His treatise on Physical Education, on the Unity of the Human Race, and on Phrenology, have rarely been equaled. Every thing he touched he adorned. We doubt whether the English language contains a biographical sketch equal to Dr. Caldwell's tribute to Fisher Ames, published in the American edition of Rees' Encyclopædiæ. A recent edition of his work on the Unity of the Human Race, displays a remarkable instance of intellectual vigor in one who had passed that period at which mental power usually begins to falter. In that work Dr. Caldwell reviewed a recent work on the Races by Dr. Knox, of England, and the criticism is one of the ablest and most conclusive we know of. Quite recently, Dr. Caldwell published a paper in the Western Journal of Medicine and Surgery, on Liebig's Theory of Animal Heat; and the distinguished Professor of Giessen has not received such a blow from any quarter. But time and space would fail us, if we were to attempt an enumeration in this paper of the works of Professor Caldwell.

The great reputation of Dr. Caldwell as a medical scholar, teacher and writer, induced the friends of Western enterprise in medical teaching to invite him in 1818 to a chair in the Transylvania School of Medicine. He accepted the trust, and entered upon the discharge of its duties with a zeal, intelligence and power that were determined to know no such thing as failure. He was the bright particular star of Transylvania, and, during his connection with the institution, it prospered. The labors of himself and of his colleagues, who caught inspiration from his example, made the Transylvania School of Medicine equal to any in the Union,

and he had much to do with its proud pre-eminence. When he discovered that the spirit of the age demanded means for clinical instruction, and a larger field for medical observation than a village could furnish, he promptly entered into arrangements for transferring the Transylvania School to this city. Upon the failure of that attempt, he entered zealously into the project for establishing a School of Medicine in Louisville, and by his labors, talents and eloquence, the project was forwarded. And to the same great powers, the School was mainly indebted for its remarkable success.

Dr. Caldwell was one of the most temperate men we have ever known. His science enabled him to keep a trusty sentinelship over his appetites, and the result was an exceedingly long life, far beyond that allotted to man by the royal Psalmist, with an almost entire exemption from sickness. Even in the closing scenes of life, disease did not invade his frame. He was almost entirely free from physical suffering; all the vital functions of his system were as well performed on his death-bed as during his highest health, and his mind was clear to the last. His life and death are impressive commentaries upon the truth of those physiological doctrines which he taught for half a century, and by which he regulated his life and ordered its last scenes.

[NOTE.—In the foregoing sketch of Prof. Caldwell, from the Cincinnati Times and Louisville Courier, his age is overrated. Prof. C., we believe, was in his 82d year at the time of his death—this we learned from himself in a recent conversation. He was 19 years of age, when he escorted General Washington in his visit to North Carolina in 1791.—B.]

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## OF HEMORRHAGE.—ON A NEW STYPTIC.

BY M. PAGLIARI.

This styptic forms the subject of a long communication to the Academie des Sciences by C. Sedillot. Its composition is as follows: Eight ounces of Balsam of Benzoin, one pound of Sulphate of Alumina and Potass, and ten pounds of common water are boiled for six hours in a glazed earthen vessel, care being taken to add fresh quantities of *boiling* water, so as to supply the loss in evaporation, and to stir continually. At the end of this time, the supernatant liquid is separated from the undissolved Benzoin, which has lost its odor and inflammability, and filtered, and preserved in glass bottles. The liquid thus obtained is limpid, and of the color of

champagne; its taste slightly styptic, and its odor pleasant and aromatic, and when evaporated it leaves a transparent deposit on the sides of the vessel.

The styptic properties of this preparation seem very remarkable. A single drop immediately coagulates a cupping-glassful of blood, and a larger quantity (equal proportions) converts the blood into a firm and resisting solid. Applied to a wound, the hemorrhage ceases almost immediately, in consequence, as it would seem, of the formation of such clots upon the orifices of the bleeding vessels. The application also produces no irritation and inconvenience, nor does it interfere, in any way, with the process of cicatrisation.

The cases given are well authenticated, and the results such as to leave no doubt as to the valuable styptic properties of the preparation. There are cases of obstinate primary and secondary hemorrhages, after surgical operations; one from a severe cut in the finger; some from the extraction of a tooth. In these cases a piece of lint was soaked in the styptic and bound upon the wound.—*Gazette Medicale de Paris*.

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## INCREASE OF BLOOD FIBRIN NOT ALWAYS INDICATIVE OF INFLAMMATION.

BY M. F. HUTIN.

In 1840, M. Hutin read a paper before the Academy des Sciences, one of the objects of which was to show that increase of blood fibrin is not always indicative of inflammation; and again, in the present year, he makes a second communication to the same learned body, pointing out how his previous conclusions are confirmed by the recent researches of MM. Becquerel and Rodier.

These researches go to prove that in chlorosis and anæmia, which are the very opposites of inflammatory affections, the fibrin is increased in the one to 5.01, in the other to 5.82. They go to prove, also, that there is a similar increase in passive dropsies to 5.55, and in chronic Bright's disease to 6.50, while at the same time it is mentioned that in acute Bright's disease, where there is often much febrile and inflammatory disturbance, there was no increase of the fibrin. An increase, independent of inflammation, is also noticed in pregnancy.

The absence of inflammatory symptoms in all these cases is remarked upon by MM. Becquerel and Rodier, as if ignorant of M. Hutin's observations.



[The facts which M. Hutin originally cited in support of his opinion were gathered from the history of scrofula, phthisis, and gout. His evidence, therefore, was imperfect until it was fortified by that derived from MM. Becquerel and Rodier's recent investigations, for any one disposed to be skeptical might readily ascribe the increase of blood-fibrin in scrofula, phthisis and gout, to the inflammatory troubles which often complicate these affections. Hence, we suppose, the little attention which has been paid to M. Hutin previously.]—*Ibid.*

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### EMPLASTRUM EXTRACTI ACONITI RADICIS.

BY WILLIAM PROCTER, JR.

Having been requested by Dr. Francis Gurney Smith to prepare a plaster medicated with *aconitia*, the following formula was suggested by me, as being less expensive than one requiring the pure alkaloid, yet possessed of equal, if not superior efficiency, because the greater bulk of the extract would prevent the plaster from masking the power of the active ingredient, and its ready solubility more favorable to the influence of the remedy.

Take of aconite root, in coarse powder, four ounces.

“ alcohol, sp. gr. 835, a sufficient quantity.

“ adhesive plaster, three ounces and a half.

Moisten the powdered aconite root with six ounces of alcohol, and permit it to macerate twenty-four hours; then put it in a small displacer, and, when properly packed, pour on gradually sufficient alcohol to make a pint of tincture. Distil off three-fourths of the alcohol, evaporate the residue on a water-bath to a thick, sirupy consistence; then add the plaster previously liquefied, and stir constantly, until it is properly incorporated with the soft resinous extract, and cools. The resulting aconite plaster has a brown color and homogeneous consistence, and weighs about four ounces troy. This plaster should be spread in a thin stratum on skin or oiled silk, and may be used several times when its application has not been too long continued at first.

Dr. Smith has employed this plaster in several cases of neuralgia, especially about the head, and has obtained from it the well-marked effects of aconite; in some instances, so decided as to require the removal of the plaster for a time. He has also used it in painful tumors of the breast, with much satisfaction.

## ECLECTICISM IN NEW YORK.

Prof. L. REUBEN, in the June number of the Union Journal of Medicine, says—

“ Eclectic Medical colleges in this State have, up to this time, derived their authority to confer degrees from the provisions of a General Incorporation Law, which formed, we believe, a part of the new State Constitution adopted in 1848. This law in reality contemplated the incorporation of benevolent, religious, and other similar societies; and hence its application to Medical Colleges was *constructive*, though not *forbidden*, and, according to good legal authorities, not really *constrained*. The profession in our State would gladly have done better than this, if they could. But our legislature has been tardy. The friends here choose to ‘creep’ until they could be allowed to ‘walk.’ And they were driven to this alternative, especially, in view of the fact that no existing Eclectic Medical College had been found fully to meet the wants of the profession.

“ We are happy to inform our friends abroad, that the day of ‘small things’ has with us, we believe, now gone by. We know they will heartily rejoice with us to learn that during the past winter’s session of our legislature, a law was passed by which any body of men, having the sum of fifty thousand dollars subscribed, and having two-thirds of this sum actually paid in, shall receive a charter from the Board of Regents of the State, (the law is not commendatory in the case of medical colleges, but *mandatory*,) which places them on a footing of entire equality with the best institutions of the kind, Allopathic or other, in our country!

“ But this is not all. While such a law would necessarily be a barrier to the formation of a medical college in many sections of the country, with us it promises to be beneficial in the way of putting a quietus on ‘fungus organizations,’ and, through a chartered college of the first grade, of raising the reformed profession to a deserved rank among its competitors. New York city is favored not only with the influence of earnest and reputable practitioners of the Eclectic School, but it has also many wealthy, high-minded, and generous sustainers of their labors, among its citizens. These mutual friends of the cause have set about founding a Medical Institution on the basis of the law already named, and with, thus far, every prospect of success.

“ The contemplated Institution is to be known as the NATIONAL COLLEGE OF PHYSICIANS AND SURGEONS. The sum of about thirty-five thousand dollars to be raised previous to its inception, is to be invested in such a way as the interests of the Institution and the benefit of a medical class may require, but especially in procuring of superior facilities for the illustration of the various de-

partments of medicine. The advantages of access to hospitals, clinics, medical publications, etc., afforded by the great Metropolis, are unequalled in our country. We believe the establishment of this school will meet a want long felt in our Profession. And from assurances already given, we predict that it will be sustained."

The necessity for some such effort is shown in the same number, by the exposition of the *causes of the failure* of the Syracuse School. He says in conclusion, "Who among us does not wish our cause could be set back to the summer of 1849, and allowed to start anew?"

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## GALVANISM IN ACCIDENTS FROM LIGHTNING.

BY T. G. SIMPSON.

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I was called June 21st, to see a girl about 8 years of age, who had been struck by lightning. She was standing near a window during a thunder shower in the vicinity. The electric fluid came down on the outside of the window case, demolishing it entirely, passed through the side of the house, and then divided into two parts. One portion passed through a cupboard, demolishing its contents; the other passed to the neck and through the body of the child. She was prostrated, and to all appearance dead. Cold water was thrown on her, and a kind of gasping respiration produced; but at the time of my arrival, some forty minutes after the shock had been received, the intervals between the efforts at respiration had become so long that each one appeared to be the last. The body was cold; no pulse; præcordial region still, and only the slightest cardiac impulse to be heard. In this state of things, I applied a powerful galvanic current along the dorsal vertebræ, also warmth and friction to all parts of the body. As soon as the galvanic current passed along her back, respiration and the heart's action improved at once. After the application had lasted for ten minutes, and respiration was in a good degree established, I discontinued the galvanism, when I found the respiration returning to its gasping stage, again attended with rattling in the throat, and complete relaxation. I again applied the galvanic current, and continued it with slight intermissions for an hour or more, when she became able to swallow, though it could hardly be called voluntary. A stimulant was given which provoked vomiting. After this there was some trouble in removing the congestion which had taken place, and in establishing proper nervous action in the lungs, also in the kidneys and bowels; but emetics, blisters, nitre and turpentine, with stimulating liniments, completed the treatment. In fact, after re-action was established, the case was amenable to ordinary measures, although it was necessary to keep in mind the exciting cause.

The thought naturally suggested is, whether lightning produces death by asphyxia, or by overpowering the nervous system and rendering it insensible to its own proper stimulus. This case would seem to prove the latter to be the fact. I should apply galvanism in all cases of apparent death by lightning, unless more than an hour had elapsed after respiration had ceased, and especially if circulation is dependent on respiration.—*Boston Medical and Surgical Journal*.

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### SULPHATE OF CINCHONIA.

Dr. Pepper, one of the physicians of the Pennsylvania Hospital, has recently been testing the febrifuge properties of this salt, and in an admirable article of the *American Journal of Medical Sciences* for January, speaks very highly of it in this respect. The high price of Quinia, and the apprehension that the supply may fall short of the demand, naturally enough suggest the propriety of enquiring into the febrifuge properties of the other alkaloids of bark. He first tested by repeated trials, on many patients, the efficacy of Bebeerine, and in cases where this failed to arrest the recurring paroxysms of fever, he resorted to Cinchonia, and thus instituted a comparative trial of their respective powers. The result was decidedly in favor of the Cinchonia as anti-periodic, with an additional advantage of never proving like the Bebeerine, irritant to the stomach. In a majority of the cases in which it was administered, "the disease had been of many months duration, and was attended with enlargement of the spleen, and more or less impairment of the general health; yet, notwithstanding these serious difficulties, it was promptly checked at the first effort in eleven of the cases. In only two instances, was it necessary to administer the Cinchonia a second time for the arrest of the paroxysms; and of the whole number, as far as it could be ascertained, but two relapsed, and these were promptly and permanently checked by again resorting to the Cinchonia in full doses." Dr. P. thinks himself warranted by his experience in pronouncing the Cinchonia quite as efficacious as Quinia, and in some cases more so. In no case did he find it to produce gastric irritation or vomiting. When given in full doses, (which are the same as Quinia) it occasions the same fullness of the head as quinia. In taste it is less bitter than Quinia. In several cases of neuralgia, where Quinia had failed, he succeeded with it in breaking up the paroxysm. Costing about one-half less than Quinia, and equally as efficient in the treatment of the same class of disorders, it can not fail to come into general use.—*Ibid*.

## SINGULAR CASE OF FOREIGN SUBSTANCES IN THE INTESTINAL CANAL.

BY D. HAYNES AGNEW, M. D., PHILADELPHIA.

The following case I am induced to report from its very singular character: On examining the body of an individual who, I believe, labored under some mental alienation during life, my attention was attracted to an adhesion between the parietal and visceral layer of peritoneum over the cœcum, upon the separation of which a small opening was perceived through the walls of the intestine, disclosing a dark-looking substance, which, upon examination, proved to be a large mass of straw, little less than an ordinary sized fist, and firmly impacted in all the space below the ileo-cœcal valve. Noticing the transverse colon very much distended, an incision was made into its cavity, where were found a pair of suspenders, three rollers, and a quantity of thread, interwoven with one another. The webbing, which was evidently his suspenders, exceeded one and a quarter inches in breadth, and must be several feet in length, inasmuch as it is extended through the ascending, transverse, and a portion of the descending colon, and doubled in several places upon itself. The rollers were of ordinary muslin, over one inch in width, and the same in diameter, but which must have been of much greater size when swallowed, as they had in their progress along the intestines, become enroled, leaving long ends which were encased within layers of fœculent matter. The peritonitis, which no doubt had been the principal cause of death, was not, however, produced by the escape of any intestinal matter into the serous cavity, no such discharge having occurred. The opening into the cœcum only presented itself after the reflected layer of the peritoneum was separated therefrom. Had life been prolonged, it is highly probable that the ulceration would have extended through the walls of the abdomen, and the cœcal contents passed out by this artificial route.—*Philad. Med. Examiner.*

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**BUTTER AS A SUBSTITUTE FOR COD-LIVER OIL.**—Cod-liver oil is an aliment which restores and reconstitutes the tissues; in a word, it is an analeptic medicine, by the aid of which the disorganizing action of tubercle is combated. The only inconvenience attending its use is that it is sometimes difficult of digestion. In this case, M. Trousseau substitutes, with advantage for it, the following compound: "Fresh butter, ʒiv.; iodide of potassium, gr. ʒ; bromide of potassium, gr. iij.; common salt, ʒss. This butter is eaten during the day on very thin slices of bread.—*Dublin Med. Press.*

### PART III.—EDITORIAL.

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#### “FOLLOWING IN THE FOOTSTEPS.”

The following article, from the Boston Medical and Surgical Journal, shows that our orthodox neighbors are beginning to wake up and follow the example of medical reformers. Still, it will be some time before they acquire enough of good breeding and fairness, to make a decent acknowledgement of the labors of their predecessors in improvement.

B.

#### “CONCENTRATED MEDICAL AGENTS.

*“To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a recent number of the Journal, is an article upon the establishment of the American Chemical Institute, by Messrs. Keith and Hendrickson, New York. I hail the universal knowledge and use of concentrated medical agents by the profession, as one of the distinguishing marks between the infinitesimal homœopath, infinitesimally diluted and attenuated—the patent pill-monger and nostrum-vender—or the quack with his secret remedies, together with Major Standstill—and the learned medical profession with their safe and proper medicinal agents, scientifically prepared and administered. Well may Dr. Jalap retire from the cares and troubles of professional life, since Dr. Jalapine will undoubtedly prove to be the dutiful son who more than makes good his father's place.

“I have long since laid aside all those bulky articles of the *materia medica*, for which I could substitute the concentrated preparations. I am also using several articles which would have offered, by their bulk, insurmountable objections to their general use, had they not been presented in a concentrated form. My patients have already remarked the difference, and are well pleased with the fine small powders, in place of the coarse bulky ones which the crude material offered.

“Who, in general practice, would lay aside Quinine for Peruvian bark; Strychnine for *Nux Vomica*; Morphine for crude Opium or the unripe Capsules of the *Papaver somniferum*; Jalap for Jalapine? If no one then will object to the above articles which our fathers prepared and used with so much advantage to themselves and their patients, why should Dr. King's class of practitioners, ‘whose every obligation begins and ends with themselves’ (see page 239 of the present volume of the Boston Medical and Surgical Journal), find fault because their sons have added to the list of concentrated remedies, *Podophyline* from the *Podophyllum peltatum*; *Leptandrine* from the *Leptandria Virginica*; *Macrotin* from the *Macrotrys racemosa* or *cimicifuga*; or the *Hydrastine* from

the *Hydrastis Canadensis*; and so on for the whole list of drugs and medicines? So far from any objections being urged against the concentrated remedies by those who have used them, I believe all speak with decided approbation of the improvement which science, in the hands of our indefatigable chemists and pharmacutists, has made in this particular direction. Some who are afraid of anything that is new may object, as it will require some little time and attention to become well acquainted with the concise description of each medicine, and its precise dose. And I make no doubt but some of our medical agents will be found to have acquired new powers, instead of losing; or at least will have a decided advantage in power and certainty of action over the dead chips and barks with which some of our practitioners have been accustomed to load the stomachs of their patients.

"Some may object to their use for fear of additional expense, as their patients are poor and they can not collect their bills, and their time is as much as they can afford to lose, without being subjected to the additional cost of good and certain remedies. In answer to such, I would say, let the overseers of the poor take charge of these patients, if you are not able; for my part, the convenience and certainty of the concentrated preparations are enough to satisfy me as to cheapness.

"In relation to the *Macroton*, let me observe that it possesses in full the properties of the root, except its narcotic effects, acting in a peculiar manner upon the uterus, in all uterine diseases, in doses of one to four grains from three to six times a day; being as near a specific for uterine diseases, as Quinine is for intermittant fever.

*Newport, Pa., July 1st, 1853.*

C. E. MINER.

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## FEMALE PROFESSORS.

Two ladies have recently been appointed to the chairs—Professors of *Obstetrics* and *Demonstratrix* of Anatomy, in the Female Medical College of Philadelphia. We understand the policy of this school is to supply all the chairs with females as soon as they can be obtained. As this school is expressly for females, we consider this one of the best movements that could be made. We have ever been of the opinion that females might be educated in the profession so as to be of great service to the world at large. And if every female in the community understood more of the natural laws which govern their own system, we would have an entirely different population, and that, too, before half a century should have passed away. Some of the brightest luminaries in science, literature, and the medical profession are now to be found among females; and hence any effort which is being made to improve the condition of the female sex, should be encouraged and assisted by all true sons of America.

## PROFESSIONAL SCHOLARSHIP.

How few of the young men now preparing for the profession of medicine have seriously thought of elevating their aspirations to the goal at which every professional man should aim. How many are there, even yet, who are content to assume the responsibilities of medical practice, before they have even acquired the moderate amount of knowledge which is requisite for the degree of doctor of medicine.

If this were a mere question of business, we should have nothing to say. Every one might judge for himself, how small an intellectual capital was necessary to be invested in the pursuit by which he is to make a living. But the profession of medicine is not a mere matter of livelihood and revenue to the physician, it is a matter of life or death, of health or misery, to thousands of the community; and the scanty attainments of the physician, are not measured merely by the scanty amount of his income, but by the limited amount of health conferred, and longevity enjoyed, by the community who have entrusted their constitutions to his care.

We do not mean to imply that all who practice medicine without diplomas, have dishonored their calling, and been less faithful to duty than their graduated brethren. On the contrary, we know that heretofore, there have been many excuses and reasons for their course, which do not now exist, and which would constitute no justification for young men at the present time. In the early times of the West, attendance upon the medical schools, was difficult and almost impracticable, on account of their distance, the difficulties of travel, expenses, and other objections. A few overcame these difficulties, but a majority could not. Caldwell worked his way to Philadelphia from North Carolina, and graduated under Rush. Dudley, of Kentucky, Chapman and Physic, of Philadelphia, finished their education in Europe. But, even the distinguished Professor Drake was content to commence his professional career with no higher authority than his certificate of recommendation from his old preceptor, Dr. Goforth; and, subsequently, having succeeded in attending a course of lectures in Philadelphia, he zealously urged his claim to be permitted to graduate after one course of lectures, in consideration of the great difficulties with Western men in attending the college. His request prevailed, and having been previously well instructed in the profession, he graduated with credit.

The first professor of the Institutes of Medicine and Clinical Practice, of the Medical Department of the Transylvania University, was a western man of great talent and a profound scholar, but one who had never attended a course of lectures in a medical school, mainly because the ex-



penses were beyond his means. Yet, among these ungraduated physicians there were men of talent, men of learning, and men, too, who were less under the control of the dogmas of the schools, more accustomed to rely upon our native plants, and more successful in their practice, than many of their successors.

Most unfortunately for the profession, the advent of medical scholarship, brought with it dogmatism and servility—departures from nature, and violations of common sense. But all these things have passed away. Medical schools are now within the reach of everybody, and our new movement renders a medical education attainable to the poorest, while the freedom of our principles leaves the mind of the student free from the enslaving power of arbitrary dogmas.

What excuse can a young man offer the community at the present time, for engaging in the profession without a thorough education? He can not say that the expenses are now beyond his reach, for that would be confessing himself little better than a pauper. He can not say that he prefers to study and practice uncontrolled by the dogmas and errors of schools, for Eclectic reformers desire no servile adherence to their precepts. He can not say that he prefers a course of private reading to collegiate facilities, for it is well known that private study is much more tedious, expensive, and unsatisfactory than collegiate instruction, which furnishes, at this time, the cheapest possible avenue to professional knowledge. Nor can he reasonably claim, that without collegiate study, his attainments will be such as ought to satisfy a discriminating public. He may consider himself qualified after a certain amount of reading, and a certain amount of practice, to sustain the responsibility of the profession; but against all such claims there arises in the public mind a strong presumption based upon the fact, that very few, indeed, of those who have not had collegiate advantages attain an honorable standing, while those who have attained respectability in spite of such disadvantages, might have attained an eminent rank if they had done justice to their natural talents by a proper course of instruction and mental discipline.

It is exceedingly difficult for any one to rise to an honorable position with the public, against whom exists the strong *prima facie* evidence of the fact, that he has not regularly finished his professional education. This fact is a perpetual barrier to his progress. It continually suggests to strangers the idea that he belongs to the fraternity of quacks, who have no other aim in life than to obtain a comfortable living by fleecing the public. If he bleeds and gives calomel to propitiate the favor of the physicians, he still fails to win a general respectability. And, if he is in sentiment a reformer, he is denounced without mercy as a quackish ignoramus; and the absence of his diploma is considered good evidence in

proof of the charge. Even among those who do not think very highly of medical schools, medical doctrines, and medical diplomas, the absence of a diploma is considered a degrading circumstance—a proof that the individual has never completed his medical studies—a proof that he does not care to qualify himself for the performance of his duties, and a confession that he never expects to take rank with the most respectable part of the profession, having no higher ambition than to belong to a second rate, third rate, or tenth rate class.

Such is the effect on the public mind, and upon the standing of the physician. If possessed of great natural talent, he will make a few friends, who will glorify his success, and, by their flattery, conceal from him the fact, that he is looked upon as a quack by the community at large; but if he be a shrewd observer, he will discover his true position. Hence, it is that so many, after attempting to practice for a series of years without graduation, have deemed it the best policy to give up a remunerative practice and resort to a medical school, for the sake of obtaining a diploma. Men, 40 or 50 years of age, thus find it necessary to go back and retrieve the error into which they have fallen, by finishing an education which ought to have been finished in their youth.

Let us now suppose that, instead of spending ten or fifteen years in practice, before graduation, struggling all that time under disadvantages, and making an inferior reputation, they had graduated at the commencement of their career, which would have cost them even less, as it would not have interrupted their practice, and how much better would have been the result. They would have started on an equal footing with their professional competitors, and might have come out foremost in the race.

Those who, in their hurry to engage in practice, hasten into the field before graduation, remind one of the over-zealous traveller, who could not wait half a day for his boots, but started off barefoot upon a tedious journey, and found it necessary after he had become lame, to lay up a few months, and to renew his journey with a proper clothing for his *understanding*.

Students should bear in mind, too, that it is not only professional standing and reputation which they attain by finishing their studies in a regular manner, but that there is an amount of knowledge attainable by collegiate instruction which they can not obtain otherwise. Even if the professors have no peculiar, valuable and original ideas, beyond what the books afford, they have at least the power of giving an instruction which the books can not. Where do we ever see professional men becoming proficient in anatomy without collegiate opportunities? Where do we find a respectable knowledge of chemistry without the demonstrations of the laboratory? Where can we find anything so instructive as a course of clinical lectures and surgical operations? And, how can one who is

necessarily defective in anatomy, surgery, and chemistry gain an honorable standing in his profession? But there is something more than all this in collegiate instruction. There are mental discipline and intellectual development gained, which the community can readily appreciate, and which are indispensable to their conception of the superior physician.

Students frequently remark that they acquire more in their second course of lectures than in the first; and the same is true of the third course. Very few are capable, at once, of performing the amount of intellectual labor required in attendance upon a medical course. It is only after several months of mental discipline that the intellectual faculties become so invigorated, systematized, and expanded, as to be able to appropriate at once, the great amount of instruction which is thrown out in seven daily lectures. The mind of the living teacher continually plays upon the mind of his auditor, rouses its energies, and develops its natural productiveness, as the summer's sun develops the life and beauty of the garden. Hence, we observe in those who have had all the advantages of a finished education, a marked intellectual superiority to those who have not thus been trained. Their ideas are clear and logical,—their judgment prompt, their expressions lucid and felicitous, and their whole bearing and conversation convey an idea of superiority, which the community can recognize at once, and which gives the individual a respectable standing with the leading classes of society.

Why, then, should not every medical man aim at a thorough *academic* and *professional* course, and commence his profession upon the highest platform? Why should there be so many incapable of writing their prescriptions in good English? and, above all, why should any student ever think of practising his profession without the first evidence that he has made the right beginning. It may be said that there are quacks *with* diplomas, and *graduates* who have but little standing. But if fools or knaves dishonor their diploma, of what benefit is that to the man who has none? If a quack *with* a diploma has but a poor standing, surely a quack *without* a diploma has still less pretensions to respectability. The more the standard of graduates is lowered by unworthy representatives, the lower still must sink the character of those who have not graduated. But no young man should set out in life with any such paltry calculations. If the profession is worth pursuing at all, it is worth pursuing in an honorable manner; if it will repay the expenses of an unfinished education, it will far better repay the trifling additional expense of a thorough course of study; and if the medical profession is not worthy of the trifling expense and outlay of time necessary to a respectable professional education, it ought to be abandoned at once, for it is a poorer business than *brick-laying*, *black-smithing*, or *butchering*. All mechanical vocations require an apprenticeship of two, three, or four years; and he

who adopts the medical profession, without giving as much time as he would be required to spend in learning how to make a pair of boots, or how to handle the saw and plane, virtually acknowledges that he requires no more intellect and skill to manage the constitution of his patient, than is demanded to make a pair of boots. If such be the estimate which the doctor himself places upon his professional attainments, the community at large will rate him accordingly. You may be assured, gentle reader, that there is a Heaven-wide difference in the public mind, between the estimate which is placed upon the services of a talented, skillful, and learned physician, and the contempt which they feel for the half-fledged doctorling, who relies upon his "natural-born sense," instead of thorough professional attainments.

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P. S.—The idea that half-finished students, practicing their profession without graduation, sink it below the standard of the shoe-making business, is no joke nor exaggeration. We have recently seen a vigorous essay going the rounds of the newspapers, in which this idea had been taken up, and it was contended that the shoe-maker spent as much time and required as much intellect to master his business as the physician. This we know is unjust, for it requires as much time, study and skill to learn how to perform mechanically a single important surgical operation as to perform all that is required of the shoe-maker—and that is but a small fragment of one of the numerous departments of medical science—a science for the perfect mastery of which our whole lives are insufficient. But such humble ideas of the profession are the natural consequence of its adoption by half educated young men, who never even master the elementary facts of the science. We say again, that there is no sufficient excuse at the present time, for practicing without a diploma, and that *whatever is worth doing, is worth doing well.* B.

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### THE SHAPE OF THE COLLAR.

Here it is, at last, a specimen of the very identical collar adjusted by the National Medical Association, for the necks of American citizens.

We have received the annual catalogue and announcement of the Medical Department of the St. Louis University, in which is exhibited, very frankly, the collar, slip-knot, and chain, one end of which is to be fastened to the pillars of the St. Louis University, within the reach of the Faculty, while the other applies to the necks of all who may hereafter graduate from that Institution.

If this system of securing harmony of thought by subjecting professors of the various colleges to the authority of the National Association, and subjecting the graduates to the authority and espionage of their professors, can be successfully reduced to practice in our country, Medical freedom is at an end; and whoever can gain the ascendancy in the National Association, will become the despot of the Medical profession.

The pledge is as follows:

"You A. B. do solemnly promise that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret method of cure, nor engage in any other species of quackery; and that you will not publish any matter or thing laudatory of yourself, or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding that the Faculty reserve to themselves the right and privilege to revoke said degree whenever the promise here made shall be violated."

Under such an oligarchy, so despotic in its aims, where will be the freedom of individual action? A high-minded physician, who has discovered by the terrible mortality attending his practice, that the doctrines which he has been taught, are spreading desolation in the community, will be placed in this peculiar position, either he must go on in his desolating career, little better than a murderer at the bar of his own conscience, or he must deviate from the standard doctrines and practice of the profession, expose himself to the censure of the faculty, be deprived of his diploma, be looked upon by the profession generally, as a dishonored outcast, and unless strongly grounded in the affections and confidence of the people, brought down to degradation and ruin, by the crushing power that is arrayed against him. Under such a system of terrorism few will dare the penalties of independence; and the bloodiest system of scientific quackery, may be maintained from generation to generation, in defiance of the secret conviction of the majority of the profession. Those who are disgusted with the terrible results of their own practice, will simply abandon the profession, instead of sacrificing themselves in the vain effort to reform it.

This terrible system of medical proscription and despotism, has been in force in our own country, from its first colonization, as it was imported in all its purity, from Great Britain, but never before was it applied with the extreme rigor which marks this recent movement. But we do not fear it. The ethics of the orthodox system, look back to the dark ages, ours to the bright future. Let the despotic European system present itself in its most distinct and formidable shape, and let the great ethical distinction between liberal and despotic medicine, be deliberately discussed

before the American people, and we have but little doubt as to which way the verdict will be rendered.

The movement of the times compels everything to stand forth in sunlight. As the Roman system, with its Supreme Pontiff, frankly avows that it is necessarily intolerant, so the papal system of medicine, confesses with equal frankness, that it is necessarily despotic, and will not dare to leave its doctrines to the test of unbiased common sense and clinical experience. The pledge which allopathic orthodoxy exacts, is a distinct and formal confession of its weakness—a confession that its graduates are deserting the camp, and that some over-awing power is necessary, to restrain the reformatory tendency of the age. The pledge will act like an astringent tonic, in bracing up the constitution of Medical hunkerism. But tonics can not very long resist a general disorganizing decay.

In examining the pledge, the unprofessional reader, will scarcely recognize its entire force; as the regular profession have a very dignified way of attaching an immense amount of meaning to innocent looking phraseology. The graduate, for example, is required to exert his "influence for promoting the respectability and welfare of the profession." This, it is well known, means that he shall promote the respectability of the profession, by promoting the respectability of the professors,—that is to say, by maintaining the truthfulness and value of the existing system of practical medicine, and carefully abstaining from expressing any dissent, or criticising what the majority believe. In other words the pledge practically means, that he shall be a servile follower of the doctrines of the school; and whatever compunctions he may have, shall never manifest them by speech or action.

The pledge that he will not "engage in any other species of quackery," signifies about the same as the preceding clause; for quackery, in the supercilious style of the orthodox, comprehends everything which has been sanctioned or permitted by the highest authority. Ligatures for bleeding arteries, Peruvian bark for intermittents, vaccination for small-pox, and sulphuric ether for the avoidance of pain were all quackeries until they became established. Quackery means, simply, whatever has not yet been legalized, and stamped by authority. To cure disease by bathing, is quackery; to use homœopathic medicines is quackery; to use podophyllin or lobelia, is a very suspicious act, requiring a special protest that no thanks are given to reformers for the use of their agents. In short, this innocent looking pledge is virtually a pledge to submit to the most abject mental slavery.

Another feature of the pledge, "you will not publish any matter or thing, laudatory of yourself, or derogatory to the dignity of the profession"—is merely a reiteration of the same law, that the orthodox practice must not be criticised, and imposes on the young candidate for professional

employment, the necessity of sitting still and holding his peace, while the older members of the profession, rolling in wealth, and often unworthy of the patronage which they receive, scarcely permit him to receive a crumb from the table of public patronage. The young surgeon, for example, may discover improved methods of treating diseases, and restoring his patients to health, while similar cases are dying around him, under the treatment of older practitioners; but he is not to be permitted to assert his honorable claims, lest he should disturb the dignity, or diminish the fees of old foggy flesh cutters. He must sit still, like a gagged and hand-cuffed culprit, and permit his venerable seniors to put him up or put him down, according to their caprices, which are generally governed by his subserviency to their views.

Down with such a system of servile dependence. Would that we could speak with a piercing voice, in the ear of every young man, who thinks of submitting to such a yoke, and bring to his cheek the blush of shame, at the thought of such a degradation for American freemen.

The pledge that no one shall say anything laudatory of himself, is simply ridiculous. Every physician must, under various emergencies, assure his friends, his patients, or the public, of what he can do in a given case; and his success must depend on the fact that he can promise satisfactory results, and verify his promise.

The very faculty who impose this pledge, violate it themselves, in the same pamphlet which contains it. Like all other College circulars, it presents the claims and merits, of the faculty and the College, and is, therefore, decidedly laudatory. The faculty boast of their flourishing condition and prospects," and of their "great and daily increasing advantages." They announce a new professor, as "an accomplished lecturer, and successful teacher." They boast of their "great facilities for clinical instruction," and speak of a dispensary, as their "invaluable auxiliary." Their College building, they declare, "vies with, if it does not surpass, any structure of the kind in the United States; and it has been a matter of surprise and astonishment, that so complete, elegant, and well furnished establishment, existed in the valley of the Mississippi, much less upon the distal banks of its Great River."

They propose to make a school "which shall prove alike, a benefit and honor to the country. Higher motives than those of selfish or pecuniary considerations, have, and always will, animate those who are laboring for its firm establishment and high advancement."

And again,—“We hazard nothing in saying, that the graduates of this institution yield to those of no other in the Union, in their practical acquaintance with disease at the bed-side.”

These quotations are sufficient to show that professors and Colleges are independent of the rule which they prescribe to their subordinates.

We do not mean to intimate that the faculty are immodest or untruthful in their announcement, or that their course is improper; for we think it perfectly right, that individuals and institutions should say just what they think; and having a personal acquaintance with several gentlemen of the faculty, we have no doubt they are sincere in considering their College one of the best in America; and, indeed, we have no doubt that it is one of the most respectable of the despotic tribe. Yet, after all, excuse our levity, why is it so wonderful and astonishing to strangers, to find a handsome College building, "in the valley of the Mississippi, much less on the distal bank of its Great River?" Would the College building have been any less astonishing and overwhelming, if it had been located on the eastern bank, in the rich soil of the Illinois bottom?

The astonishment of such strangers is somewhat akin to that of the traveller, who pronounced the Mississippi, "*a great river for a new country*," or that of President Henry, who was surprised to find that Cincinnati, was really a good deal more than a Yankee country village.

Our St. Louis friends were probably a little under the fear of medical ethics, when they were driven to this round about mode of announcing their superior edifice.

In the name which heads the list, Dr. M. Linton, the Professor of Practice; we recognize an old acquaintance and fellow student of the the Trausylvania University; a very worthy gentleman, but not free from the Medical bigotry which condemns without examination, which disregards truths in the minority, and feels secure in the strength of numbers, as though physical might were identical with truth.

To the Professors of the University, as gentlemen, in their individual capacity, we have no objections to offer. In the proprieties of life, which mark the gentleman and the scholar, they are far superior to the most conspicuous professor of their rival school. But in Medical ethics, they are fundamentally wrong, and as Medical reformers, we can but regard them as our forefathers regarded the British officers, whose services were given to a royal despot, and who, however gentlemanly in the social circle, were engaged in a desperate struggle against human liberty.

B.

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### CORRECTION.

In our last we referred to the numbers of the Eclectic Convention, held at Philadelphia, as we learned from rumor. We have since learned from Dr. T. Cooke of Philadelphia that the number of those who registered their names and paid the regular fee as members of the association



amounted to twenty-five, in addition to which about as many more were at the meeting irregularly. We have also had the pleasure of receiving from Dr. C. several numbers of the *Botanic Medical Reformer*, published monthly by himself in 1840 and '41. We observe in one of the numbers an account of a meeting held in Philadelphia, October 8th, 1840, at which was organized the "*Eclectic Botanic Medical Association of Philadelphia*." This Society, designed to unite Botanic Medical Reformers, was, we believe, the first that adopted the title of Eclectic in connexion with Botanic Medical Reform. In our last number, a line under the head of "wise men of the East" was awkwardly misprinted. The suggestion that those who opposed the system of cheap tuition would *risk* losing fifty or a hundred students annually from our cause, was made to read, that they would *wish* losing that number, which is not only bad language but an improper suggestion, for no sincere friend of the cause can be supposed to wish a reduction of the number of its supporters.

B.

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### MAN'S WORKS LIVE AFTER HIM.

When Dr. Jenner proclaimed to the world the great discovery of vaccine, he became the object of violent and malicious opposition, was denounced by the entire European medical profession, the pulpit, and all the common people who could be influenced by the profession. Anti-vaccination societies were recommended to be established, and many were formed throughout England, suggested by the physicians, the object of which was to prevent the discovery of Jenner from being received by the people as a matter of utility. The influences which were brought to bear against him for many years, were sufficient to crush him as a citizen and a medical man. But here, as in all cases where a principle is founded in truth, it had to be received. And finally, after the common people had been convinced that this discovery, if properly applied, would save millions of the human family from that fell destroyer, small pox, the medical profession, with great reluctance, was compelled to admit and adopt the discovery of Jenner. And at this late day, to hear the medical profession claiming to receive willingly all discoveries as they say they did that of Jenner, is perfectly absurd. Yet in the goodness of their hearts, we find that an effort is being made to erect a monument in the city of London, to the memory of Jenner. Prince Albert has donated twenty-five pounds towards its erection. We are anxious that the Eclectic profession may contribute something to this object.

N.

## BOOK TABLE.

We have received from the publishers, through the house of H. W. Derby & Co., Cincinnati, the following works :

**A TREATISE ON GENERAL PATHOLOGY.** By Dr. J. HENLE, Professor of Anatomy and Pathology, in Heidelberg. Translated from the German, by HENRY C. PRESTON, A. M., M. D. Philadelphia: Linsay & Blakiston.

This is another new book, fresh from the publishers, and one that will be gladly received by the profession generally. It is simple in its arrangement, and gives, perhaps, the best history of the rise and fall of the different systems of medicine to be found; all of which are divided into seven periods, as follows, all of which we will transfer to the pages of the Journal during this volume :

\* \* "According to the above specified fundamental principles, we may adopt seven periods in the history of our science. In the first period, from 500 to 100 B. C., the Pythagorean philosophy of nature predominated, and was the first empirical school founded. The second reaches from 100 B. C. to the beginning of the sixteenth century after Christ: it begins under the influence of the corpuscular philosophy, and ends with the regeneration of the empirical sciences. In the third period, from the beginning of the sixteenth to the seventeenth century, occurred the development of the doctrines of Phillipus Aureolus Bombastus Theophrastus Paracelsus. The fourth, which occupies the first half of the seventeenth century, embraces that one-sided system, originating from the advancement of chemistry and physics. In the fifth, which extends as far as the commencement of the eighteenth century, we see the reaction against the materialism of the foregoing period, in the systems of Hoffmann and Stahl, until their overthrow by the nervous physiology. The nervous physiology, in its turn, yielded to the access of the theories of nervous pathology, which, in the sixth period, in the second half of the eighteenth century, predominated; but owing to their exaggerations soon perished. The philosophy of nature, by Schelling, at the beginning of the present century, furnished a seventh period, in the second empirical half of which we are now living, and long may we enjoy it!"

**ELEMENTS OF HEALTH, AND PRINCIPLES OF FEMALE HYGIENE.** By E. J. TILT, M. D., Senior Physician to the Farringdon General Dispensary and Lying-in-Charity, and to the Paddington Free Dispensary for Diseases of Women and Children. Philadelphia: Linsay & Blakiston. Pp. 436.

We copy the preface to give the reader an idea of the claims of this work.—Ed.

Following in the footsteps of Drs. James Johnson, Andrew Combe, A. T. Thomson, Mayo, and Southwood Smith, we have added another volume to the popular works on health; but with this difference—that while our distinguished predecessors have had principally in view the health and disease of Man, we have devoted our chief attention to the

constitution and affections which are peculiar to Woman. As there exists no work on this subject, the present volume is intended to supply the *desideratum* and we trust, therefore, that, notwithstanding deficiencies, it may be found acceptable.

**A PRACTICAL TREATISE ON DISEASES OF THE SKIN.** By J. MOORE NELIGAN, M. D., M. R. I. A., Honorary Fellow of the Society of Physicians of Sweden; Physician to Jarvis-Street Hospital; and Lecturer on Practice of Medicine in the Dublin School of Medicine. Philadelphia: Blanchard & Lea. Pp. 333.

We copy the following which will explain the nature of the work.—Ed.

In submitting the observations contained in the following pages to the Profession, the author has been influenced chiefly by a desire to offer, as an aid to the diagnosis and treatment of an important class of diseases, the results of an experience acquired during several years' special attention to the study of cutaneous eruptions. Of late years the British Medical press has abounded with monographs on other special affections, but few have been published on those of the skin; he has, therefore, thought that a concise practical treatise on them might find favor with the Profession.

As regards the plan adopted in the construction of the work, the only points requiring notice are the omission of the details of cases which might be cited to prove the correctness of the views propounded, and the slight reference to other writers on the same subject; for both, the only apology he has to offer, is his anxious desire to condense the inquiry he proposed to himself, within as narrow limits as possible, being fully aware "how great an evil a great book" is to the physician busily engaged in practice.

**THE PRINCIPLES OF BOTANY, AS EXEMPLIFIED IN THE CRYPTOGAMIA.** For the use of Schools and Colleges. By HARLAND COULTAS. Philadelphia: Lindsay & Blakiston. Pp. 94.

We have received from the publishers a copy of the above work, and find it well worth the time spent in reading it. Everything upon this subject is becoming daily more interesting.—N.

**A CLINICAL PHRASE BOOK;** in English and German, containing the usual questions and answers employed in examining and prescribing for patients; questions in asking for and buying medicines, etc. With an English-German and German-English Pronouncing Lexicon, of all the words occurring in the phrases, with the chief technical terms of medical writers and apothecaries; Grammatical Appendix, Table of Idioms, &c. Designed to aid physicians and surgeons in hospitals, alms-house and private practice; also, druggists and pharmacutists, in dispensing their prescriptions. By MONTGOMERY JOHNS, M. D. Philadelphia: Lindsay & Blakiston.

This work is so arranged as to assist the physician to study and understand the subject in both English and German, and no doubt will be of much advantage to that portion who are giving attention to either language.—N.

## OLD FOGYISM.

The stubborn class of stand-still philosophers, who regard fraternal democracy and revolutionary science as humbugs and troublesome nuisances, have never been more happily represented than by IMAM ALI ZADE, a Turkish Cadi. Mr. Layard, in his oriental explorations at Ninevah and Babylon, addressed certain enquiries to this Cadi, in reference to the commerce and antiquities of the city in which he resided. To these queries the Turkish philosopher replied by the following letter. It is easy to imagine the flickering expression on the faces of our conservative friends, as they read this letter, not knowing at first whether to laugh at the stupidity of the Turk. or to compliment him as a pious oriental philosopher who has forcibly expressed their own sentiments in reference to the folly of modern science.

"My illustrious Friend and Joy of my Liver!—The thing you ask of me is both difficult and useless. Although I have passed all my days in this place, I have neither counted the houses, nor have I inquired into the number of the inhabitants; and as to what one person loads on his mules and the other stows away in the bottom of his ship, that is no business of mine. But, above all, as to the previous history of this city, God only knows the amount of dirt and confusion that the infidels may have eaten before the coming of the sword of Islam. It were unprofitable for us to inquire into it.

"Oh, my soul, oh, my lamb! seek not after the things which concern thee not. Thou camest unto us, and we welcomed: go in peace.

"Of a truth thou hast spoken many words; and there is no harm done, for the speaker is one and the listener another. After the fashion of thy people, thou hast wandered from one place to another until thou art happy and contented in none. We praise be to God, were born here and never desire to quit it. Is it possible, then, that the idea of a general intercourse between mankind should make any impression on our understandings? God forbid!

"Listen, oh, my son! There is no wisdom equal to the belief in God! He created the world; and shall we liken ourselves unto him in seeking to penetrate into the mysteries of creation? Shall we say, behold this star spinneth round that star, and this other star with a tail goeth and cometh in so many years? Let it go! He from whose hand it came will guide and direct it.

"But thou wilt say to me, stand aside, oh man, for I am more learned than thou art, and have seen more things. If thou thinkest thou art in this respect more learned than I am, thou art welcome. I praise God that I seek not that which I require not. Thou art learned in the things I care not for; and as for that which thou hast seen, I defile it. Will much knowledge create thee a double belly, or wilt thou seek paradise with thine eyes? Oh, my friend! If

thou wilt be happy, say there is no God but God! Do no evil, and thus wilt thou fear neither man nor death; for surely thine hour will come! The meek in spirit (El Fakir.) IMAUM ALI ZADE."

Who can fail to recognize the spirit of this respectable Turk in the numerous denunciations against science from Pharisaic conservatives? Craniology was denounced as impious, and it was thought absurd to take so much trouble in studying the brain when philosophers could explain everything out of their own consciousness. Geology, too, was a very unholy doctrine, not to be encouraged by the pious; and the Neurological system of Anthropology was still worse, since we had philosophy enough in the Bible, and any additional philosophy of man would only tend to throw the Bible out of fashion. Spiritualism was the climax of iniquity, for it proposed to investigate matters which God did not desire us to know anything about. So it was in former times when canals were objected to in Spain, because God had already made all the rivers he desired, and any additional channels were an interference with his plan of creation. The Portland Transcript pertinently remarks—

"When inoculation for the small pox was first introduced in England, about one hundred years ago, it was objected to as irreligious! A writer of that time maintained that Providence had wisely ordained small pox to be fatal, and human science to be unavailable against it! The greatness of his power was thus contrasted with the weakness of our frames! Small pox, as this conservative gentleman conjectured, 'amongst other purposes, is sent as severe *memento of mortality*, and a *close and seasonable* check to that *pride and overfondness* with which a beautiful face is too apt to inspire the giddy owner; and also to teach the boasted *sons of science* humility and reverence! Hence he held that inoculation was a human science, in opposition to the wise designs of Providence, 'which all Christians, and especially instructors of youth, should avoid.'

"This reads strangely in 1853, yet we distinctly remember that when chloroform was first introduced, a few years since, as a destroyer of pain, certain wise theologians objected to its use, on the ground that God had ordained that man should suffer pain, and it was impious to avert it! It is evident there are more 'Imaum Ali Zades' in the world than have been unearthed by Layard."

The exclusive study of Biblical logic, by any class of men, has a tendency thus to pervert their minds, depriving them of that expansion of intellect which can be obtained only from the study of the direct manifestations of the Deity in Nature.

Bitlical religion can cultivate only the moral nature—the intellectual power of man can be expanded only by the direct influx from Deity through his creation. He who neglects the latter dwarfs himself into a dullard or a bigot, however sincere he may be in his piety.—*Journal of Man.*

## NOTICE TO CORRESPONDENTS.

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Communications and Books for notice should be addressed to the Editors.

Letters, &c., connected with the *business affairs* of the Journal, should be addressed to R. S. Newton, M. D.

Papers for publication must be received *before* the 20th of the month, or they cannot appear in the forthcoming number.

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### THE FOLLOWING JOURNALS HAVE BEEN RECEIVED IN EXCHANGE :

The Boston Medical and Surgical Journal, Boston, Mass., at \$3 per yr.

Nashville Journal of Medicine and Surgery, Nashville, Tenn., 3 "

British and Foreign Medico-Chirurgical Review. (Reprint)

New York, - - - - - 3 "

The London Lancet. (Reprint) New York, - - - 5 "

Journal of Pharmacy, Philadelphia, - - - - - 3 "

Rankin's Half Yearly Abstract, - - - - - 2 "

Braithwait's Retrospect, - - - - - 2 "

Medical Examiner, Philadelphia, - - - - - 3 "

B. M. and Surgical Journal, Macon, Ga., - - - 3 "

Journal of Domestic Medicine, Boston, Mass., - - 2 "

Monthly Medical Register, New Orleans, - - - 3 "

Worcester Journal of Medicine, Worcester, Mass., - 2 "

Journal of Medicine and Surgery, Knoxville, Tenn., - 3 "

New York Journal of Medicine and the Collateral Sciences, 3 "

Union Medical Journal, Syracuse, New York, - - - - - "

Æsculapius, New York, - - - - - 2 "

Anti-Mercurial, New York, - - - - - 1 "

Journal of Pharmacy, New York, - - - - - 3 "

Nelson's Northern Lancet, Plattsburgh, New York, 3 "

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# THE ECLECTIC MEDICAL JOURNAL.

JULY, 1853.

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## PART I.—MISCELLANEOUS SELECTIONS.

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### ON THE EMPLOYMENT OF INHALATIONS IN CONSUMPTION AND OTHER PULMONARY DISEASES.

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BY JAMES TURNBULL, M. D. LIVERPOOL.

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The facts which have been brought forward with reference to the beneficial effects gained by combining local with constitutional means in the treatment of laryngeal diseases, would lead us to apply similar remedies to the seat of the disease in pulmonary affections. It can scarcely, however be said that we have as yet derived an equal advantage from the use of inhalations; and it may be asked how it is that a mode of treatment, which has been used more or less from the earliest periods, has not furnished more definite and useful results; and that, notwithstanding the discovery of a new class of remedies—the anæsthetic, such as ether and chloroform—this mode of treatment may still be said to be in its infancy. One reason may perhaps be that the investigation is a difficult matter, and would require to be made thoroughly on a large scale in order to furnish definite results. It is an easier matter for a medical man to prescribe a medicine than to superintend the inhalation of remedies. I believe, too, that our knowledge of the subject has not advanced as it might have done, because many who use inhalations prescribe them without any well-defined object beyond the soothing effect, which may often be attributed rather to the watery vapor than to the medicinal agent; and Dr. Snow has shown that some used for this purpose, such as an extract of hyoscyamus, are incapable of being volatilized, and can not therefore have any effect at all. There are, however, a great variety of volatile agents capable of being used for inhalation, which have never been tried at all; and, as organic chemistry is constantly



adding to their number, there can be little doubt that this is a mode of treatment from which we may yet expect to derive a considerable amount of assistance in the treatment of pulmonary diseases.

My own researches on the use of inhalations being at present incomplete, I should not now have touched upon the subject were it not to direct attention to a mode of treatment which seems to me to be somewhat neglected. I shall examine it, therefore, rather with the view of ascertaining what is the usual state of our knowledge of this mode of treatment, and how far we may reasonably expect to derive benefit from the use of inhalations, than for the purposes of stating the results of my own observations.

When volatile remedies are inhaled, they must produce, besides the general effect resulting from absorption, as occurs with chloroform, a local action on the mucous membrane and its secretions, and hence we should expect them to exert an influence in bronchitis, especially the chronic forms. They must also produce a direct action upon the nerves which supply the mucous membrane, and through them upon the muscular fibres of the bronchial tubes. This would lead us to expect that inhalation of antispasmodic remedies would prove beneficial in spasmodic asthma, a deduction which is confirmed by the results of experience. Some remedies, such as iodine, must, when inhaled, act more directly upon the tissue of the lung itself, than when taken internally, and hence it was thought that they might promote absorption of tubercles of the lungs. But experience has not confirmed this view; and, when we consider that tubercle is the result of a constitutional disease, there does not appear to be any good ground to expect advantage, until at least the constitutional tendency to deposition has been arrested or removed. There is still another very common morbid condition of the lungs, upon which the inhalation of volatile agents must act directly, viz., ulcerated cavities resulting from tubercular disease. In these cases it would be a vain hope to expect any lasting good from mere local treatment; but, in conjunction with such treatment as suspends or removes the constitutional disease, it is reasonable to expect benefit from such means. I have never, therefore, used inhalations in those cases where cavities were present in the lungs, except in conjunction with other means, to arrest the disease, and seldom until some decided progress had been made. I conceive, however, that in many cases where the health has been restored by the means which recent improvements have placed in our hands, when the patient has become stout and often apparently well, but has still an open cavity in the lung, it is quite possible that local means may be used with advantage. In such a condition we know that, even after the cavity has contracted, and the process of healing is advancing, the ulcerated surface is liable to become inflamed from exposure to the weather and various other exciting causes; that the unprotected vessels often allow blood to escape, causing hæmoptysis; and that there is always more or less purulent

secretion, which weakens the system and re-acts upon the constitutional tendency to tubercular disease. There can be no doubt that patients so often relapse after they have regained an appearance of health. Without overlooking the fact that tubercles generally exist in other parts of the lungs, I consider that the discovery of means which would promote the cicatrization of cavities in these cases of arrested phthisis is a desideratum and a legitimate object of inquiry. Any means which would promote this object would certainly tend to advance still further the treatment of consumption.

Dr Snow has shown, in a paper on the inhalation of various medicinal substances, that some must be inhaled with the aid of heat, such as opium, morphia, extract of stramonium, and the gum resins; others with the vapor of water, such as iodine, camphor and creosote; and a third class of substances, such as hydrocyanic acid, ammonia and chlorine, at the ordinary temperature. Mead, in his day, recommended fumigations with the balsams in phthisical cases; and Dr. A. T. Thomson (*Cyclopædia of Medicine*, Art. Expectorants) has stated that he has seen much benefit from them when inhaled in spasmodic asthma, in shortening the paroxysm and promoting expectoration. Dr. Snow found that ammoniacum gives off a fragrant, rather pungent odor, which can be inhaled very well by most persons. He also found inhalation of the watery extract of opium serviceable in relieving the cough, but that morphia was the most pleasant and suitable preparation of opium for inhalation. Extract of stramonium afforded more or less relief in five or six cases of asthma. He tried iodine in eighteen cases of consumption at the Brompton Hospital; in ten of them it was continued for more than a month; and the conclusion to which he came was, that no benefit could be observed to follow its use. Oil of turpentine appeared to relieve the cough in a few cases, and likewise camphor. He used the volatile alkaloid conia in the quantity of one minim diluted with nine of spirit; the cough was usually relieved, and in two or three cases the breathing also. It would therefore seem from its volatility, at the ordinary temperature, to be a remedy peculiarly suitable for inhalation, if it could be obtained more easily. Dr. Snow also found great relief produced in a few cases of bronchitis with difficult expectoration, from inhaling ammonia, twenty drops of the strong solution being mixed with two ounces of water in a Woulfe's bottle. Chlorine has been used for inhalation. It was introduced for this purpose in France, and there seems to be good reason to believe that it has proved of material service in cases of chronic bronchitis, and even in some of phthisis. With reference to its use in the latter disease, Sir James Clark has observed, "We have tried it in many instances, and it has in several apparently suspended the progress of the disease." He also states, that it relieved dyspnoea and cough in some cases, though in the majority it produced no amelioration. Dr. A. T. Thomson has likewise stated, that in cases of asthma the relief it

produced was very striking, and that in phthisis he had observed the hectic symptoms abate.

Of the various remedies now mentioned, it is probable that the gum resins and balsams, camphor, conia, and chlorine, are the most suitable and useful inhalation; but it does not appear that, by inhalation of opium or morphia, any very decided advantage has been gained over the more ordinary mode of exhibiting them.

The vapor of tar was formerly recommended for inhalation, and few medicines have been more used for this purpose than creosote. Sir Alexander Crichton, in 1823, strongly recommend tar vapor in consumption; but Dr. Forbes, in a report of cases in which he had tried, published in the Medical and Physical Journal, stated that he had found it injurious in this disease, though of service in some cases of chronic bronchitis. He appears, however, to have used it in cases so far advanced, that no benefit could reasonably have been expected from its employment. Creosote has now superseded the use of tar vapor, which does not, from its irritating properties, seem well suited for inhalation, though there can be very little doubt, when we consider the healing power which it has in external application, that it must exert a similar effect upon the lungs, if it could be used in such a form as to obtain its beneficial influence apart from its irritating properties. Creosote is, perhaps, more generally used by the profession for the purpose of inhalation than any other remedy; and I believe that when sufficiently diluted with the vapor of water it is one of the most useful. I have found that it has a sedative influence, relieving cough and promoting expectoration, whilst it at the same time not unfrequently lessens the quantity of this secretion both in consumption and bronchitis.

I have already observed that the pyrogenic bodies act upon the mucous and cutaneous surfaces; and my attention has been directed to other bodies of this class by the fact that many of them have remarkable healing properties when applied to ulcers and chronic cutaneous eruptions, a fact which leads me to expect that this class of bodies may, when fully investigated, furnish a suitable remedy for promoting the healing of pulmonary ulcers, and thus supply the desideratum to which I have previously alluded. Many of the pyrogenic bodies possess such healing properties in cutaneous diseases in a greater or less degree. From my own experience, I know that ointments made with tar, creosote, spirit of tar, juniper tar oil, and naphthaline, each have such properties, and are valuable remedies in the treatment of skin diseases.

The inference drawn from these facts, has led me to use for inhalation, some other pyrogenic bodies, viz., spirits of tar, juniper tar oil, Persian naphtha, and eupion. The spirit of tar possesses the healing virtues of tar, without its irritating effects; so much so, that I think it might advantageously supersede the crude substance, as an external remedy. It is more readily volatilized than creosote; and, when inhaled, it produces generally a mild, stimulating, and

often rather a soothing effect upon the lungs. In some instances, however, it has appeared to increase the cough and expectoration, and it is not, therefore, suited for cases of bronchitis until inflammatory action has been subdued completely, or for cases of consumption until progress has been made in arresting the disease. Without wishing to speak confidently of the remedy, I may state that it has appeared useful in some cases of the latter disease, in conjunction with other treatment. Juniper tar oil (*oleum cadinum*), which is a valuable remedy in skin diseases, and much used on the Continent, is less volatile than spirits of tar, and it is more irritating when inhaled. Persian naphtha and eupion possess decided anæsthetic properties: the former, when inhaled along with the vapor of water, has in some instances relieved difficulty of breathing in a very remarkable and decided way; and this fact renders it worthy of trial in spasmodic asthma. Eupion has decided sedative properties, it has relieved cough and difficult breathing, and patients have slept after using it; but it is not a pleasant remedy to inhale, and it has not unfrequently produced sickness afterwards, so that I should not recommend it to be used for this purpose.

I have used several of the essential oils for the purpose of inhalation. Many of them possess decided anti-spasmodic properties; and I have found that they have a remarkable power of relieving difficulty of breathing, a property which renders them peculiarly suitable for the treatment of spasmodic asthma. The oil should be dissolved in spirit, and inhaled with the vapor of water, so as to dilute its stimulating properties. The oils of cubebs and copaiva, which are pure hydro-carbons, are mild in their action, and produce very little stimulating effect. The oxygenated oils which I have used appeared to be more stimulating in their action on the air-tubes; and some of them have stronger anti-spasmodic and expectorant properties. The oils of anise seeds and of peppermint are very stimulating, and in general cause too much irritation. Oil of spearmint is milder and anti-spasmodic, relieving difficulty of breathing in asthma, and even in phthisis. Oil of fennel is also mild. The oil of origanum is moderately stimulating and expectorant. I have also used the oils of rosemary and pimenta, which have similar properties. The hydruret of benzoyle, which is the bitter almond oil deprived of its prussic acid (and closely connected with gum benzoin, benzoic acid in a higher state of oxidation,) is very irritating and much too stimulating for inhalation.

Chloroform is a remedy which has been much used by some medical men for the purpose of inhalation, not only in asthma, but in a small quantity in consumption, in order to relieve irritable cough. In some cases, I have dissolved the essential oils in chloroform, and given them in this way for inhalation, their volatility being so much increased that they may thus be given on a handkerchief, as chloroform is usually administered.—*Report on the Treatment of Consumption.*

## DOWLER'S EXPERIMENTS.

*Proving that the Chief Motive Power of the Blood is derived from Respiration, and that the life of the flesh is in the blood thereof.*

BY SAMUEL A. CARTWRIGHT, M. D., NEW ORLEANS, LATE OF NATCHEZ.

[Communicated for the Boston Medical and Surgical Journal.]

While writing this article, June 19th, 1853, there is a living witness in the court-yard of my office, proving the truth of the doctrine taught by Moses—that the life of the flesh is derived from the blood, and the physiological principle, announced some years ago by Mrs. Emma Willard, that its chief motive power is derived directly and immediately from respiration. The witness is a live crocodile, upwards of six feet in length, and about two feet in circumference. Gen. Felix Houston and Dr. Backee saw it yesterday crawling about the yard. Dr. B. Dowler and some other physicians and individuals have seen it to-day. It has been visited by a number of scientific men ever since the 13th instant. On that day, at ten minutes of 10 o'clock, A. M., its trachea was tied in presence of Drs. Dowler, Backee, Copes, Wharton, and several others. The temperature of the room was 87°, that of the reptile's body 78°. In twenty minutes after the ligation it fell into a state of asphyxia. But soon the liver began to act spontaneously, and it had some four or five copious dejections from the bowels. As the purging progressed it began to recover from the asphyxia, and at length sprang from the table and snapped at the by-standers. It was supposed that these unlooked-for phenomena might be owing to the trachea not sufficiently secured to prevent the admission of air into the lungs. Two additional ligatures were placed upon it. Yet the heavings of the chest and a sound resembling respiration continued to be observed. This proceeded, no doubt, from the consumption of the atmospheric air stored away in the large air-sacs, which are known to exist in the lungs of the saurian tribe of animals, and some others that can remain under water a long time without breathing. The air-sacs answer the purpose of diving bells. After the carbonic acid, retained in the blood by the compression of the trachea, was thrown off by the spontaneous action of the liver, the air contained in the sacs, or natural diving bells, was sufficient to support a low degree of vitality. With a view of compressing the sides of the air-sacs together, to prevent the air therein from being used by the lungs, and the carbonic acid from escaping, the abdomen, chest and cloaca were compressed by a bandage. This bandage was applied at 11 o'clock., and in a few minutes the reptile again fell into a state of asphyxia. At half after 11 o'clock fire was applied to the most sensitive parts of the body. Some slight twitching of the muscles followed the applica-

cation, proving that sensation and muscular irritability were not wholly destroyed. At this stage of the experiment the company left to visit Prof. Riddell's chemical laboratory to witness an experiment the Professor's brother was making. At fifteen minutes after 12 o'clock the company re-assembled; having been absent three quarters of an hour, and found the crocodile dead. Muscular irritability seemed to be entirely destroyed. Fire was repeatedly applied to the most sensitive parts of the body, and not a single movement, twitch or symptom of vitality could be elicited thereby. After ten minutes had been spent to enable the gentlemen present to try experiments to extort a symptom of vitality, and after they had all convinced themselves that the animal was certainly dead, I proceeded, at twenty-five minutes after 12 o'clock, to make a dissection, and to expose the abdominal and thoracic viscera to view. The whole extent of the abdomen and thorax was laid open. A cross incision was also made, and the anterior and lateral walls of the thorax and abdomen were fastened back by hooks, so as to bring the lungs, liver, bowels, and the sac containing the heart, under the direct action of the senses of sight and touch. No twitch or the smallest indication of life was elicited by the dissection. The animal had been previously unbound, and lay on the table—a dead subject undergoing dissection. At length the pericardium was slit open by an incision five inches in length—exposing the heart and its auricle to view. On exposing the heart to the external air, and taking it in the hand, slight twitches or muscular contractions, eight times in a minute, were felt.

At half after 12 o'clock, more than two and a half hours after the ligation, insufflation was commenced by inserting the nozzle of a common-sized fire bellows into the trachea. At this stage of the proceeding the company got tired and began to drop off, being fully convinced that insufflation nor nothing else could restore life. The process of insufflation, in about ten minutes, appeared to begin to change the tissues of the reticular network of the lungs to a brighter color. This was supposed, however, to be owing to the direct action of the external air on the membranes. At length small bloodvessels, barely visible, began to be seen on the exposed surfaces, where none could be seen before—proving that the blood was in motion through the pulmonary tissues. The heart was now felt, and its pulsations had become evidently much stronger and had increased from eight to eighteen beats in a minute. The insufflation was steadily preserved to thirty-four pulsations. Fire was now applied, and some faint evidences of returning muscular irritability were elicited. An ice-water enema was thrown into the bowels, and the whole surface of the body, including the exposed viscera, was frequently wetted with icewater. As the weather was very hot, this measure was resorted to, to prevent the blood from undergoing chemical decomposition. At ten minutes after 1, the animal seemed to revive, and made ineffectual efforts to breathe. The

intercostal muscles and the diaphragm having been cut, the efforts were fruitless. Soon after this, fire was applied, and it writhed its body and moved its tail. As yet the head appeared to be perfectly dead, the eyes glazed and motionless. At half after 1, it would move and writhe its body on being rubbed with ice. At thirty-five minutes after 1, the bellows was removed, and a metallic tube, with a calibre large enough to admit the little finger, was inserted into the trachea. Dr. Copes sewed up the rent in the pericardium, and also stitched together the muscles of the throat and abdomen, which had been divided by the crucial incisions. The dense skin was pierced by an awl, brought together and secured by sutures. At 3 o'clock the extremity of the divided trachea was put into the tube, and the divided ends brought together and fastened over the tube. The crocodile was then removed from the table and placed under the hydrant. It breathed freely, opened its eyes, and life and intelligence were restored. Dr. Dowler, being unwell, had left before the resuscitation. Indeed all had left, except Drs. Copes, Wharton and Nutt. I sent for Dowler, and when he returned and saw the crocodile alive, he raised his hand and said, "*glorious experiment.*"

Two days ago the poor reptile appearing to suffer from the tube in the trachea, I removed it. Dr. Dowler calls every day to see the subject. But I entertain no hopes of its ultimate recovery, as the wounds inflicted on it, in order to expose the viscera to view and to watch the changes which occurred during the passage from death unto life, are of too serious a nature to be cured.

*Practical Remarks.*—In exposing the viscera, care was taken to avoid cutting any large bloodvessel or piercing the lungs. If much blood be lost, resuscitation can not be effected from the want of the material to operate on. It is thought, however, that the loss of a little blood is rather beneficial than otherwise, as it enables the remaining mass to move more readily through the lungs, by removing the congestion in the pulmonary capillaries. In measles, when the eruption has been repelled and the skin gets blue and cold, the loss of a little blood from the arm will facilitate the circulation through the lungs, clear the complexion, warm the skin and raise the pulse. In concussions or severe shocks, interrupting the respiratory movements and impairing the action of the heart, the modern practice is to give stimulants and to avoid bleeding until re-action occurs. But too often re-action never does occur, from the blood stagnating in the pulmonary vessels. In such cases, the loss of a little blood will facilitate the transmission of the balance through the lungs by removing the congestion. Dr. Dowler was the first to prove, by practising venesection on the dead subject, that the blood, in certain cases, will not only run out, but will flow in a jet and remove post-mortem congestions. The erroneous theory, that the nervous system is the fountain of life, has caused the old practice of bleeding, vomiting and purging for concussions of the brain and severe shocks of the body, to be abandoned, and the stimulating of the

nervous system, to produce re-action, to be substituted for it. The nervous system, deriving its life from the circulating blood, and the blood its life and motion from respiration, can not be stimulated while the blood is stagnant and the respiratory actions suspended. To restore the respiratory process and to put the blood in motion, is the true indication in such cases.

It also appears, by the facts elicited in the experiment just related, that the application of ice water had a good effect in aiding the insufflation to restore animation. The ice-water injection may also have brought the portal system to aid in decarbonizing the blood.

The experiment shows, that it is not so much the absence of oxygen, as the retention of carbonic acid in the blood, which kills so quickly when respiration is suspended; because, when the liver acted, the animal partly recovered from the asphyxia—but until that great decarbonizer of the blood, second only to the lungs, began to act, the oxygen in the air-sacs was not sufficient to prevent the accumulated carbonic acid in the blood from producing asphyxia. In the cold abstraction of death produced by deprivation of oxygen and accumulation of carbonic acid in the blood, and also in some congestive diseases, the application of ice water internally and externally would seem to be much better than hot applications and stimulants. For frozen limbs, snow is known to be more effectual than any form of heat. In resuscitating the drowned, stimulants and hot applications are injurious.

The wonderful power of hepatic or bilious purging was well illustrated in the early part of the experiment. Bilious vomiting or bilious purging, when the lungs are crippled in their function, often restores the body to life and energy in cases apparently the most hopeless. The frequency of cold congestive diseases in the South, with pulmonary oppression, and the manifest good effects of calomel and such medicines as excite the liver into action, led, some years ago, to the employment of mercurial cathartics in almost every ailment, without due discrimination. In Europe the cases calling for their employment are much less numerous than in southern latitudes. That method of aiding the lungs, in decarbonizing the blood, is not duly appreciated by European practitioners. Nor can they see why a patient, who would sink under the action of the mildest laxative, should rise and walk before a strong mercurial cathartic has ceased to operate. In typhus, when the lungs began to flag in their action, a twenty-grain dose of calomel was a favorite remedy with Dr. Chapman. The experiment on the crocodile throws some light on the *modus operandi* of that remedy, and also explains the reason why mercurial purgatives are particularly useful in severe wounds of the head, concussions of the brain, and other lesions interrupting the excretion of carbonic acid by the lungs.

Experiments of this kind are full of practical instruction, and ought not to be considered as suiting the visionary more than the



practical man. They tend to prevent the practical man from being led into error by visionary theories. Visionary practitioners do not trouble their heads about facts. In contemplating the anatomy of the dead subject, theory conjectured that the heart was the chief agent in circulating the blood. But in seeing the dead subject brought to life, with the viscera exposed to the sight and touch, it plainly appeared that the received theory of the power which produces the circulation of the blood, is not correct—that the *primum mobile* of the circulation is in the reticulated pulmonary tissue and not in the heart. The reddening of that tissue and the injection of its vessels with blood, was preliminary to the restoration of the heart's activity. The nerves, which had been insensible to fire, hooks and forceps, had their sensibility restored in proportion as the redness, motion and vitality of the blood were restored—proving that the life of the nerves and the flesh is in the blood, and that the blood derives its life and motion from respiration.

Dr. Dowler's experiments are forcing physiologists to adopt the doctrine of a diffused sensorium. He has only published a few scraps of unpublished facts containing evidence in its support, which will be perfectly irresistible. I am not the interpreter of his opinions, but his facts are common property, speaking for themselves. Instead of the brain and nerves being the sensorium, as the Greek and modern philosophers taught him to believe, his own experiments, Riddell's and mine, will demonstrate positively that the blood is the sensorium, as Moses said it was; if by sensorium be meant the life, the sensibility, the will, the passions, and that species of intelligence called instinct.

In a former experiment, reported in vol. xlvii., page 76, of this Journal, in less than an hour after the trachea had been tied, a very fierce and vigorous animal, called the battle-ground crocodile, was handed over to Dr. Dowler and some eight or ten other physicians, to extort a single symptom of life if they could. The heart was still beating, but muscular irritability had been destroyed in all other parts of the body, by the carbonic acid retained in the blood by ligating the trachea. Fire, knives and forceps, on the bare nerves, failed to extort a single symptom of vitality. In that experiment insufflation of the lungs was not attempted until after the failure to extort any evidences of life or sensibility. When it was attempted, the lungs were found to be too much torn to hold air, and the process was abandoned. But in the present experiment, it was not until an hour and a half after the compression of the abdomen and thorax by a bandage, and more than two hours and a half after the ligation of the trachea, that insufflation was commenced. It not only restored muscular irritability, but it brought the animal to life, and it is living yet, the fifth day after the resuscitation.

The doctrine of Moses that life, with all its attributes of sensation, volition, mobility and intelligence, exists in the blood (the

term of life, in Hebrew, meaning life with its attributes,) is no more difficult to understand than the doctrine of the Greeks and modern physiologists, which pre-supposes that life, with all its attributes, is located in the pulpy substance called the brain and its appendages. That the Greeks were wrong and Moses right, can be proved not only by the crocodile, but by every turtle and terrapin on the wide earth. When the heads of these animals are cut off, they will continue to make intelligential motions for some time afterwards, and some of them, as my friend Dr. Cornelius S. Baker, of Bucks Co., Penn., has kindly reminded me, will dart out their headless necks at their persecutors (as the snapping turtle, for instance,) proving that they are not only alive, but retain the passion of anger without a head, about as well as with it. Such phenomena are perfectly irreconcilable with the received doctrines of modern physiologists and psychologists, or with the philosophy of the Greeks and Romans, but are in beautiful accordance with those doctrines which have come down to us from the Hebrews.

*Canal street, New Orleans, June 17, 1853.*

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## BITE OF A RATTLESNAKE.

BY J. C. BLACKBURN, M. D., FLAT SHOALS, GEO.

I was called a few days since to visit a negress, some eight miles from my office, who had been bit by a large rattle-snake. I saw her eight hours after the wound had been inflicted, which was on her ankle. I found the patient deathly sick; cold rigors running over her; pulse 120, small, quick, and thread-like; the entire left leg was swollen to twice its normal size; in a word, I thought she was moribund. She complained of no pain in the affected limb, and even insisted that she had not been bitten. I commenced giving her corn whiskey by the gill, and pushed the remedy until she had taken *two quarts* within twelve hours, when discovering some symptoms of inebriation, it was discontinued. In the mean time I applied warm emollient poultices to the wound, after having applied a cupping glass for one hour. In three days this negress was well and at her usual labor. She took no medicine save the whiskey, and on the second day a dose of Epsom Salts.

The question here presents itself, would the usual remedies have been attended with success in this case? Had I not considered her in a moribund condition, she doubtless would have been treated, not *empirically* but *scientifically*. I will remark, however, that this is the *fourth* case, that I have treated successfully with corn-whiskey, occurring from the poison of venomous reptiles. I had oftentimes seen ardent spirits recommended in snake-bites, prior to

my having prescribed it. My confidence in the remedy never was fully established until witnessing a rash act of a man while in a beastly state of inebriation. He caught a large rattle-snake and held it notwithstanding he was bit several times, until the snake becoming so greatly incensed bit himself, which soon relieved it from its confinement. The reptile speedily died. The man never complained of the least pain or uneasiness.—*Nelson's American Lancet.*

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## MICROSCOPIC PREPARATIONS.

*To the Editor of the Boston Medical and Surgical Journal :*

I send you a page or two relating to microscopic matters, which some of the students who read your Journal may like to see, if you can find room for so much in any of your coming numbers.

Yours very truly,

O. W. HOLMES.

Many of the readers of this Journal, and especially many of its younger readers, are interested in the microscope in its application to anatomy, physiology and pathology. Most of the young physicians who complete their studies in Europe bring home a "Nacht" or an "Oberhaeuser," and a certain amount of skill in handling it, which they find abundant leisure to improve in the early times of their practice. There are now many good instruments among us in the hands of those who know how to use them, and several of the highest excellence. Our microscopists are beginning to be somewhat beyond their own immediate circle. Dr. Dalton and Dr. Burnett have been honored by two of the four prizes conferred by American Medical Association, for essays based in great part or wholly on microscopic investigations. Other observers are at work, who will be heard from in due season.

In the mean time attention has been drawn in this country to the art of making the instruments upon which so many departments of medical science are more or less dependent. Mr. Spencer's labors and triumphs are well known. It is not so generally understood that excellent lenses have been made in this city. Mr. Alvin Clark, distinguished as an artist and as a maker of astronomical instruments, has employed his leisure, occasionally, in making objectives, several of which I have seen and found to compare very favorably with the best of the imported glasses of similar power. There has been little done as yet, however, in the way of providing the microscopist with those numerous accessories which he is constantly requiring, and which in London or Paris he can readily obtain. To get *very thin* glass, one must hunt up in New York

the American agency of Messrs. Chance of Birmingham, which is to be found in an obscure warehouse remote from the common markets of scientific commodities. As for a set of delicate tests, it is doubtful if they can be had without importing them expressly. Some of Hett's and Topping's injected preparations may be had in New York, but only such as have been left after careful culling by others.

We shall have to find out that we can make many of these things for ourselves, which we are in the habit of importing ; *all* of them, as soon as it will pay to make them. It would not be surprising to find, in ten years from this time, that there were more microscopists in America than in Europe. For here everybody must know something of everything ; and as a microscope is *prima facie* evidence that the owner is a microscopist, it will become as necessary a part of the stock in trade as a stethoscope ; which implies that the owner is a stethoscopist—even if he does not know which end to put to his ear, as once happened in a consultation in this region. Thus there will be growing up among us a market for microscopes and all that belongs to microscopic art, and the skill which has never failed to show itself whenever it has been called for, will find a new channel in providing for this want.

The art of *minute injection* has been until of late very little practised in this country. Dr. Horner's preparations in the Wistar Museum are among the most successful examples of it. The application of the achromatic microscope to the study of the tissues has given a fresh impulse to this branch of anatomical art, and many beautiful results have been obtained ; such as we can hardly believe that Ruysch or Lieberkuhn can have approached ; by what we know of their performances. Many of the injections of Berres and others are figured in the work of Gerber ; Hassal gives figures of those of several of the English anatomists ; Dr. Neill, of Philadelphia, has given very beautiful representations of some of his own injections of the mucous membranes of the stomach. From these plates, those who have no access to the original preparations may form some idea of their delicacy and brilliancy.

Preparations of this kind, properly put up in preservative fluid, are of very great importance, especially to the teacher of microscopic art and science. It is in this capacity that I have had occasion to employ many such preparations, of some of which a few remarks will be here made.

The first I used were some made by or under the direction of Retzius of Stockholm, lent me by Dr. Ware. One of these, an injection of the lobules of the liver, is a very beautiful exhibition of the two veins and the duct filled with different kinds of injections. They are put up in a somewhat rough way between two thick plates of glass.

The preparations of Mr. Hett, some of which were selected by Mr. Burnett of London, and others purchased of the importer, are put up with great neatness, and on the whole the most brilliant

specimens of minute injection of all those mentioned. They become infested with air-bubbles in the course of a year or two, which will in time require them to be taken out and the cells re-filled with fluid. Those of Mr. Topping are injected in many cases with yellow instead of red, which makes them somewhat less showy than the others. They are, however, well filled and neatly mounted.

I have received from Dr. John Neill, of Philadelphia, specimens prepared by himself, the last received very perfect; the colored figures before referred to, which may be found in the *American Journal of Medical Sciences* for Jan., 1851, show the delicacy of the injection and the use of such preparations in bringing out nicer points of structure.

We have in this city a microscopist who has devoted himself with great assiduity and success to preparing and mounting specimens, many of which are injected by him with great nicety. Dr. Durkee, the gentleman referred to, has been his own instructor, and has succeeded, after many trials, in acquiring to a great extent the skill which is almost confined to a few persons abroad who make a business of preparing objects for microscopists. I will mention a few of these which I have seen, to give an idea of the points which they illustrate. Several of these which Dr. Durkee had the kindness to give me, I have used with much satisfaction in my demonstrations.

1. Fœtal stomach, near cardiac orifice. A perfect injection, showing ridges, areolæ, but no villi.
2. Skin of the back of the hand, showing vascular net-work.
3. Mucous membrane of gall-bladder, finely injected, showing ridges, running into villi.
4. Membrana tympani injected, showing a non-vascular spot about the attachment of the handle of the malleus.
5. Malpighian corpuscles of the kidney in the human subject and in the ox, beautifully shown.
6. Tongue, showing the filiform papillæ, finely injected.

I have selected these as among the most successful preparations, but there are many others of much interest. Among the rest I should not forget the sections of bone, which Dr. Durkee has the art of making in a very superior way. I have made hundreds of them, and seen a great many made in this country and in Europe, but never saw more than one specimen equal to the best made by Dr. Durkee.

The injected preparations made in this country are apt to be inferior in color to the imported ones. The vermilion is not equal in brilliancy to that used by Mr. Hett. Once in a while it is found to contain specks which take off a little from the beauty of the specimen containing them. But it is evident that we are in the way of learning to do for ourselves what others have done for us, and there can be no doubt that the slight difficulties which stand in the way of absolute perfection will be overcome as the principal

ones have already been. It was said at the beginning of this communication, that the young practitioner had *time enough* to improve his knowledge of the microscope in his early years of practice. There are many hours which he must pass in his office, quite undisturbed, in company with his books and his thoughts. Let him add a microscope as a companion to these, and time will be wonderfully lightened for him, while he is acquiring the knowledge he will be very glad of in the busy years that are coming.

The microscope is of all philosophical instruments the most unfailing and untiring companion. The astronomer tells us that hardly more than a dozen nights in the year are adapted to his observations. He must watch all night, exposed to cold and damp, surrounded by costly and cumbrous machinery. The microscopist sits down at his fireside or his window, with a little instrument before him, a mere toy to look at—a giant mightier than the slave of the lamp or the ring in its power of transformation. All that he wishes to observe upon, nature is ready to furnish him. Nothing is too precious or rare for him to covet; he wishes but a mere speck, a particle, such as the koh-i-noor could spare him. Nothing is repulsive, examined in its infinitesimal shape. The disease which infected the wards of a hospital does not betray itself in the narrow apartment where he studies all its intimate details. He may study and work until *practice* comes and takes him off his feet and floats him away into a world of other cares and duties, and year after year, every day will bring him something new to examine. I will say nothing of the utility, even the necessity of the microscope to the practical physician and the surgeon. As a mere illustrative companion to scientific study, as a mere intelligent plaything, it is the most precious gift to all who love to look at the universe as its inner life is revealed to the senses. To all who have done and are doing anything to render it more available for the purposes of study, we are under obligations which it is a pleasure to express, even if it is done as in this slight notice, which was suggested by the pleasure derived from examining the preparations made by Dr. Durkee.

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**TURPENTINE IN HÆMOPTYSIS.**—Long experience has taught Dr. Lange, (of Königsberg,) that the spirit of turpentine acts more promptly in hæmoptysis than the different methods usually employed in that affection, such as tannin, common salt, acetate of lead, alum, nitrate of potash, cold applications and leeching. The efficacy of turpentine in the treatment of hæmoptysis, has been already recognized by Copland, Wiltshire and others, but this corroboration of it deserves to be recorded.—*Gazette des Hôpitaux.*

## VISION RESTORATOR.

A novel instrument has been patented, and is on sale, for elongating the axis of vision. It consists of a beautifully-wrought wooden cup, that fits over the eye, attached to which is a small hollow India rubber ball, communicating by a tube with the cup. By pressing the ball the air is excluded, and then adjusting the cup, and letting go of the ball, the air in the former is exhausted. The fluids in the chambers consequently expanding, the cornea is made more convex by the outward pressure from within towards the vacuum. Thus the convexity of the eye, in an aged person, for example, is instantly restored to the condition of youth, and objects can be seen without the assistance of convex glasses, at a convenient distance. Large sums of money have been made within a year or two in producing this same result by manipulating the eyes, the operator compressing them with his fingers, and gradually producing a little increase of convexity. Immediately after, the individual is conscious of being able to read without further artificial assistance, and in the enthusiasm of the moment conceives himself permanently benefited. This, however, is a fallacy, for the vessels, made turgid by friction and the compression of the recti muscles, soon return to their normal condition, and vision is precisely what it was before. The vision restorator accomplishes this temporary distinctness of sight more readily and elegantly than by the means mentioned, and far more economically. Now comes the question, is this instrument useful or injurious? Accompanying it, besides several commendatory certificates from persons entirely unqualified to give an opinion, are directions for guiding the purchaser.—*Boston Med. and Surg. Journal.*

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THE LUNATIC DEPARTMENT of the Commercial Hospital, in this city, is far, very far, from what it should be. We walked through the wards last evening, examined a score or more cells and their inmates, but we saw nothing to commend. The Superintendent, Mr. DEATH, makes the best disposition possible of the unfortunate men and women under his care, but yet they are not as comfortably provided for as the vagrants, thieves, burglars and other criminals in our jail. If every citizen could behold the miserable holes, and confined yard provided for these lunatics, we are sure something would be done by the humane for their relief.—*Daily Times.*

## PHYSIO-MEDICAL THUNDER.

We lately attended a lecture by Professor Curtis, preparatory to a course to be delivered in the "Metropolitan Medical College" in this city. Subject, "An Expose of the Various Systems of Medicine: Allopathy, Homœopathy, Hydropathy, Eclecticism and the Reformed Practice, showing the superiority of the latter over all others.

Of course we expected that Eclecticism would get "fits," but when the lecturer came to the subject, we concluded that he had the "fits" himself, from the manifest aberration displayed in handling the subject. True to his natural characteristic of misrepresenting all who differ from him in their views of Reformed Medication, he closed his brief and senseless tirade against Eclecticism, by uttering the deliberate falsehood, that "Eclectics openly boasted of having no principles." We ask for his authority, and challenge him to produce any respectable evidence, going to prove the "boast" of having "no principles." He remarked that of all "isms," he most disliked "non-committalism," or "nothing-ism." This was the extent of his argument! and we soon perceived that he had taken hold of a larger nut than he could crack. In regard to Eclecticism being "non-committalism," we admit it for the sake of argument. The Rational Eclectic never "commits" himself to error, differing in this respect from the Physiopath, who "commits" himself to all the crudities of an egotistical and embryotic system, which this pseudo expounder of nature's laws claims to be a "perfect science."

We contend that it is more rational to rely upon experience and observation as a foundation upon which to build a theory than to "commit" ourselves to a theory which experience and observation daily prove to be erroneous.

He truly remarked that there were "many systems" of medicine, but that there could be but "one science" of medicine. This "science" he pretended to have found, and if so, he has done right to "committ" himself to it. If it be *the* "science" of medicine, it must of necessity be a *perfect* "science," and as such, incapable of improvement. If it be such, it will demonstrate itself in practice by rapidly and effectually removing all the "ills to which flesh is heir," and never call upon the benighted Eclectic to help it out of a "tight place." Now, we belong to that class who believe that medicine is a progressive science, and has not yet arrived at that state of perfection claimed for it by the occidental professor. We contend for the right of impartial research and continued progression, and are willing to accord the same to all the world and the rest of mankind, and stigmatise no one who assumes the right of unlimited investigation, for we are contending for the correct principles of Medical Science and not for a restrictive individual sys-



em. We are not so egotistical and presumptuous as to assume that the science of medicine has reached the acme of perfection, but seek in all systems which have yet arisen, the material with which to lay the foundation of a perfect structure.

Eclecticism may be "nothingism," but it appears to be sufficient of an entity to be worthy of an attack even from the magnates of Physiopathy, who shower upon it their slanderous vituperations, thinking no doubt that they are "doing God service." This is all very well, and as much as we could expect from those who mistake abuse for argument, and reckless assertions for facts. It reminds us of a "little shaver," who gave vent to his feelings for some fancied indignity he had received from a "big boy," in the following strain: "If I can't lick you, I can make mouths at your sister." So, with them, finding themselves incapable of refuting our positions by fair any open argument, they stand on one side and fling their filth with lavish hand, hoping thus to check the rapid progress of Eclecticism in public favor.

We are charged with using *poisons*, but no proofs are adduced of the deleterious results of our practice. The idea that the action of remedies is governed by their "judicious" administration is ridiculed by them, but without the shadow of a reason. We will admit that they are not capable of prescribing certain remedies "judiciously," but that is no argument against their usefulness. We have known a farmer to have a horse that he could not manage, condemn him as unsafe and worthless, and sell him to a neighbor, who, on being asked how he liked his purchase, replied, "he is as good a horse as I could wish; I have found out how to manage him." So, with those who meddle with remedies they cannot manage. After doing considerable mischief in their abortive attempts to work with tools they know not the use of, or if by chance they have a spark of conscientiousness, and do not use them at all, their conclusions are the same, viz: that they are dangerous.

They remind us of the Scotch Laird, who being told that his orthography needed revising, exclaimed, "Hoot, mon, who can write grammar with such a pen?"

We have only to do with practical principles and facts, not with visionary and sophistic theories, and therefore deny the capability and right of certain "Reformers," in passing sentence upon such agents of the *Materia Medica* as come under the ban of their limited knowledge, merely because some of the oldest *geese* in the profession may keep up the stale cackle of "poison, poison!" Will they have the kindness to define what poison is, how it may be known, what are its effects, give us fixed and immutable principles by which we may be guided in the selection of therapeutic agents, the conditions which govern them, and the manner in which they may be controlled. By so doing they will confer an inestimable blessing upon the "dear people," and render their names immortal. But we would advise them to bear in mind the old adage, "We can reason but from what we know," and not "loom up" too large in

unknown waters, or they may find themselves on a "lee shore," among the "breakers" of progressive experience, where similar *craft* have gone to pieces, and

"Like the baseless fabric of a vision,  
Leave not a wreck behind."

[*The Anti-Mercurial*, Sept. '53.]

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[We give the above merely as an item of news—having long since ceased to regard the tirades of Dr. Casworthy of so much notice.—ED.]

### MEDICAL EDUCATION—PARIS AND CINCINNATI.

We were invited to be present, on Thursday evening last, at a meeting of the "*Medico Chirurgical Society*" of this city. Dr. McIlvaine had been previously requested to express his views in respect to the comparative advantages for acquiring medical knowledge in Paris and Cincinnati. An outline of these views we shall endeavor to present, with the regret that we cannot give the doctor's peculiar language and address. The doctor remarked in substance, as follows:

If anything I may say, in word or sentiment, should prove offensive, I hope it will be remembered that I have no personal objects in view, and that it is my custom to speak of things as they are. I shall endeavor to keep within the record—to adhere closely to the question proposed. The subject may be more clearly presented, by arranging it under three or four different heads. And before we close, it may be inferred, that medical advantages in the cities named, are both real and pretended.

Books constitute an agreeable, and to a limited extent, useful source of knowledge. One of the medical libraries in Paris contains thirty thousand volumes. To this library, medical men have free access, and the books may be examined at any time, and to any extent. Professional knowledge is not thus concentrated as a monopoly, to give one set of men advantages over another—that favored ones may be *called* wise, and others ignorant—but that facts may be thence radiated to all.

*Practical Anatomy* is allowed without hindrance, and to any useful extent. Subjects for dissection are without limit; dissecting-rooms are numerous, convenient and provided with all necessary fixtures. The knife may be used from the first of November to the fifteenth of April, at a cost of only six dollars.

The mode of selecting medical teachers in Paris, leaves scarcely a doubt as to their superior qualifications. After having been subjected to a long period of literary and professional study—after they shall have graduated with honor, they are required to give an

exhibition of their merits, in what is denominated the "*concour*." The individual "concurring" for a place is obliged to write, print and defend a thesis upon such medical subject as his judges shall designate. Petitions from warm personal friends, and indifferent acquaintances—political relations with parties and *tribes*—secret, symbolic societies, have not sufficient influence to secure a professorship without requisite ability and attainments. *Superiority* is the positive demand, so that the teacher takes his place, justly claiming universal confidence and respect.

The Parisian hospitals are both numerous and extensive. In some, various classes of disease are found, surgical and medical, properly separated and attractively arranged. There are a large number of persons with a special disease in one hospital, and cutaneous diseases in another. Children, to the number of six hundred, have their hospital; and the obstetrical hospital, having in 1851, over a thousand patients, is an additional source of profit. No charge is demanded for hospital instruction, and the student may investigate to the full extent of his patience and ambition, any one class, or all classes of disease.

Among the hospital physicians and surgeons, and chemical lecturers, are some of the most distinguished of the profession. Among them may be mentioned Velpeau, Piorry, Roux, Dubois, Bouillaud, Andral, Rostan, and Trousseau. *Teachers* in the hospitals are not Professors in the College. The student in Paris, therefore, has advantages over those who have but one set of teachers; in both college and hospital. If none but Professors were admitted to practise and teach in hospitals, the student would be deprived of the invaluable experience and skill of those gentlemen whose renown is world-wide.

The cabinet, established by Orfila, at an expense to himself alone, of twelve thousand dollars, and which bears his name, is extensive, and open to the medical inquirer, and that too without expense to him. Each specimen or preparation, is so arranged that it can be examined with minuteness and satisfaction.

After this brief and imperfect outline of medical education in Paris, let us direct our attention for a moment to Cincinnati. How great, how unnecessarily, how censurably great the contrast! We are looking at the Medical College of Ohio, and examining her proportions, simply because she is the parent school, and the others are still in their infancy. Where is her library, and what of its size? We are told it is in the building, and we have reason to know that it is less extensive than many belonging to private individuals. But suppose it should be enlarged to contain five thousand volumes, how much would you or I be benefited? Why, if we return to our pupilage, pay five dollars for a matriculation ticket, and apply to the librarian twice a week, we will have the privilege of reading a book at a time, during four months in the year.

Shall we ask, what are the merits of the different Professors? No, for this may be inferred by knowing something of the mode of

vacating and filling chairs. One or two members of the Trustees and one or two members of the Faculty control the rest. If a Professor is obnoxious to them, he goes out, or by insult and management is made to resign. Who fill their places? Do the prominent men of the profession receive calls? If they do, they consider it the part of wisdom not to accept. Who then are appointed? We look at the faculty as it is, and we reply, those who are willing to risk their reputation—who are blinded to the dangers of the pit—that they may have an opportunity of *learning* how to teach, instead of being able, by their ability, to teach others.

Has the College a cabinet to which students can repair to learn anatomy and pathology? If so, she must have undergone great changes, and have kept far ahead of our inquiries. We infer that she is poor indeed; in every thing except a building, for in the circular of the College this is the only advantage presented.

But the Hospital—alas! alas! what shall we say for it? According to Father Cist, it is capable of containing four hundred and fifty patients. During a single year, over three thousand patients were formerly admitted. Since the beginning of the present month, feeling an interest in her prosperity, we visited the steward, from whom we learned that the male wards contained thirty-four, the female wards six—making in all forty patients. Who has prevented her wards from being full, as formerly, and forced the sick to remain in places not at all suited to their means or condition? We wash our hands of all this. Perhaps a few accidental remarks may throw light upon the subject.

The Professors in the Medical College of Ohio, having public and private duties to perform, and having the exclusive charge of the patients in the hospital, may not be disposed to render them such aid as their situations require. The professors are constantly changing, (whether from choice, necessity, or duty, we shall not inquire,) and before one feels his interests identified with those of the hospital, another takes his place. Sometimes the college is wholly deprived of Professors, and then is the hospital deprived of medical attendants, and for a number of days in succession the patients have been visited by a single professor. How then, excluding all considerations in behalf of the sick, can the hospital be relied upon as a place for clinical instruction? It seems to me to be going rapidly from good to bad, and from bad to worse. I left Cincinnati, during the noisy revolution in the College, in 1852.

The hospital was then a source of attraction to medical men. I returned in the midst of another revolution, and the outcry is the college and hospital are dead! We hope there is a little vitality left, and yet, judging from the past, when the next revolution comes, with the appearance of the next budding season, they may indeed be gone—remembered only in shame to those whose duty it was to guard their interests. Gentlemen, let us put forth our strength and penetrate the *mail* of the destroyer.

The college Trustees were elected for ten years, under a promise

that they would give her the elevated position to which she was then tending. They have reared an edifice on borrowed capital, and have prostrated her interests in the dust in three years. Make those efforts which duty requires—tear from the hospital that dark pall which covers it. Sever that cable which connects it with the college—and if the latter must sink, let not the former go down with it.

The infant schools have not been associated in this work of destruction, whatever may be said of its individual members, inasmuch as they are not connected with the hospital legally professionally or professionally.

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### LONDON MEDICAL CELEBRITIES.

[In the following extract of a letter from London, the individual peculiarities of some of the leading medical and surgical men in that city are humorously illustrated. It will be read with interest by many this side the Atlantic, who are familiar with the characters of the men alluded to.]—*Cincinnati Daily Times*.

Sir Benjamin Brodie is the most learned man in the profession in London, but the man who has most enemies; Mr. Lawrence, perhaps, the most friends, without any boasted learning. Mr. Guthrie has done more for military surgery than any man who ever lived, and should now be at the head of the medical department of the army; but like Rory O'More's dreams, all our medical appointments here "go by contraries." The square pegs are ever getting into the round holes. Dr. Marshall Hall has been laughed at and ridiculed till it no longer "pays," but his name is now known through the world, and his reputation, if he will only guard it safely, quite equal to Sir Charles Bell's. Men of a certain class deny any force to the excito-motor system of nerves, as Marshall Hall has not given a map and an anatomical description of them. The spinal cord is, no doubt, the center of these actions. These men wilfully overlook the fact, but were poor Hall to have written from the swamps of the Lower Rhine, or from Vienna, and have a name no one could pronounce, the bookseller's shelves would groan with his discoveries. Mr. Skey is another of the hard grains of our Christmas fruit; few men of the present day, however, can boast of such a strong masculine intellect. Sitting at the feet of his Gamaliel, whom he half worships, (Sir Benjamin Brodie,) the combined wisdom of these two great men is something indeed to think of. Mr. Skey laughs at all authorities of the olden time. Mr. South, on the other hand, with his placid mien, and hair parted like a woman's, would frame and glaze the washing bills of the ancient surgeons; would revive *queues*, perpetual pills, red-hot amputating knives, and Ambrose Pare.

Some men here (the discordant elements of London Medical practice), are perhaps not less singular in their characteristics. As we may not have another opportunity of serving up our currants and raisins again, we may speak of them. A dash of sugar is required, but then there is Mr. Lawrence; a little suet shredded fine, Dr. Ramsbotham; Alfred Smee, and a few fat general practitioners, cut up small; a piece of mistletoe is wanted of course, to stick a-top of our pudding, under the beamy smiles of which we may all love and greet each other, Professor Owen; some thorns to put under the pot when they have procured a pudding bag—thorns crackling as in the manner of fools according to high authority, the Homoeopaths. With a little unanimity and honesty, this desirable consummation might be achieved. A little spirit to burn under the dumpling from the bitter beer testimonials, and some of our useless museum preparations. We would wish a place for our prescribing chemists, but it would be very near the thorns under the pot. Then there are others which in time will also prove useful, one way or another. Mr. Coulson, if he would only not aspirate his vowels, invulnerable on the subject of lithotomy, and lithotrity; Bence Jones, at St. George's, who would turn everybody's brain he talks to into sulphurets and phosphates; Dr. Robert Lee, from the wintry side of Tweed, old fashioned, but marvellous in industry, with one arch enemy, Dr. Snow Beck, and one abiding fancy, uterine disease; Locock, stern and unbending in practice; Bennet, fanciful, ever dreaming of the speculum; Golding Bird, insinuating, sharp and puritanical, goes to church only five times on Sunday, but not to be approached as a good physician, especially in children's diseases; Fergusson, need we say, the *beau ideal* of a surgeon, simple, kind, and gentlemanlike, without humbug, Bransby Cooper, the same; Babington, Addison and Watson, the great pillars of medicine in England, without whom it would all tumble to the ground; Copland, not much known, but indefatigable, like the "busy bee," improving "each shining hour," &c.; at Bartholomew's, Lloyd, one of the "illustrious unknown," preferred by his friends to poor Sam Cooper, as surgeon to that institution; Paget, the rival for Skey's place; and Skey, adored and envied by every one; these all, no doubt, will be found in time among our "representative men"—when some connecting influence is discovered to bring together all the good men in London now sadly distracted—when nepotism, practising chemists, and genteel starvation are at an end—when the College of Surgeons, like the Ichtyosaurus, or Dinormis is reconstructed and remodeled—when the College of Physicians is no longer like a set of genteel catacombs, but when common sense and proper professional thinking the rule of life most tolerated and valued.—*London Medical Press.*

## ONE OF THE "ILLUMINATI."

We were told of a case, the other day, in which the manner of diagnosis was illustrative of the progressiveness of Allopathy. The case was that of a little girl about nine years old, suffering from a derangement of the liver and kidneys. The "regular" (humbug) who was employed, said that he could not decide what was the matter with her until after he had bled her, and let the blood stand twenty-four hours. So he proceeded to abstract a portion of the capital of life, and at the end of twenty-four hours gravely proceeded to inform the anxious parents that the complaint was "bile in the circulation." In order to overcome this state of affairs, calomel, blisters, &c., were resorted to, and at the end of two weeks he had succeeded admirably in overcoming—not the disease, but nearly all the vitality of the system. The blood impoverished, the secretions not corrected, one limb useless, the pain unmitigated, valuable time lost, the capital of life wasted, unnecessary pain suffered; how can we do otherwise than acknowledge the potency of Allopathy! The speedy manner of diagnosing takes our time. Patient taken suddenly ill, doctor called, bleeds the patient, lets the blood stand twenty-four hours, decides upon the nature of the affection; meantime the patient has died, and the profound tinkerer of Yahoos prescribes a *quietus* to his own qualms of conscience, and a *settler* to the friends, in the shape of the aphorism that "the disease was one which could not have been detected sooner, and if known could not have been cured." Science is vindicated, and the bystanders confounded. Verdict, "nobody to blame."—*The Anti-Mercurial*, Sept. 1853.

## MILK TRADE IN NEW YORK.

Mr. John Mullaly, of New York, has had the courage to expose the whole system of iniquity practised by milk dealers in and about that great city. But it will not deter the consumers from giving their patronage to the same men who have imposed upon them with impunity, nor frighten the milk merchants from an established scheme of cheating. There is a degree of recklessness and determination on the part of those concerned in the milk trade, that defies the press, the physicians, and even the law. This grows out of the immense demand for milk, and the impossibility of proving who are the real rascals at the bottom of the business. In the hurly-burly of swallowing a cup of coffee at an over-crowded hotel,

any white fluid that looks like milk may pass for that beverage, or at least escape a chemical analysis, though considered excessively bad in the estimation of a stranger. The poor suffer severely in consequence of the vile stuff sold them for milk. Their children are made sickly, and positive disease is often developed in them. In drinking in a supposed nourishment, what multitudes take into their stomachs diluted corruption derived from animals enfeebled by improper food and by being housed perpetually in narrow places, where they inhale an atmosphere laden with exhalations from decomposing matter. There is some good milk retailed in New York, and there may be, also, many very honest retailers. But to dilute with water, and then introduce mixtures to give the characteristic consistency, flavor and degree of richness peculiar to the unadulterated article, is admitted to be a common practice in London, and has been imitated extensively in New York. Where we have any thing besides water in Boston milk, remain to be ascertained. The demand does not apparently warrant any extra efforts at imitation. When our population has doubled, the materials for cheating may come cheaper than country milk, and then ingenious deceptions may be expected.

We have visited the vast milk establishments of London, and retain a distinct recollection of the condition of the poor imprisoned animals (in one stable four hundred in number,) that furnish milk for the multitude. Ulcerations of the liver and a diseased state of the lungs are common, where many cows are kept together in stables. Milk from animals fed on the miserable slops of a brew-house, or distillery, must be of a wretchedly poor quality to begin with—and when it passes to the retailers, it is impossible to conjecture the processes it undergoes to increase the quantity, with a view to a profit on the materials intermingled. The fresh brains of calves, sheeps, pigs, &c., beaten up in a small quantity of milk and then poured into a number of gallons of the vilest combination of milk, water, &c., make a factitious fluid that actually passes for genuine milk! What the effect must be on the public health, and especially on that of children, who are by far the largest class of consumers, may be conjectured. Under all the circumstances, it is best to dispense with city milk as much as possible, if it is the product of cows kept in town; and in the next place, when from the country, continue to purchase of those whose honesty is a guarantee of its purity. There is no stopping place in detailing the mischief that accrues from the habitual use of poor milk. Cheating in every department of trade is certainly rife throughout the world. Either honesty does not meet with encouragement, or the heart of man is inclined to evil perpetually.—*Boston Medical Journal.*



THE REGULAR FACULTY AND THE MASSACHUSETTS MEDICAL SOCIETY.—No wonder a correspondent thinks it curious that the Massachusetts Medical Society should be made up of such a singular combination of elements. The following extract from his remarks is not altogether imaginary in its statements: "The members, according to report, represent all shades of medical opinion. Some are allopathic, others homœopathic, while another division have no great amount of good will towards either. because, as they consider, there is a direct violation of the laws of the institution in maintaining a fellowship with persons who ridicule the old school physicians, the original members of the Society. Yet these hostile forces meet together on anniversary days, choose councillors and committees, dine, and walk away without a word of collision. Which party lacks independence or moral courage to separate this incongruous connection—the oil and water of physic—is one of the problems we cannot solve." We stated in the *Journal*, recently, that a petition would be presented to the Society, at its next meeting, demanding the expulsion of the homœopaths; but by the latest intelligence it seems that no one could sufficiently screw his courage up to sign the paper. Being brave behind a high wall, and facing the guns of an enemy, are conditions widely different. At present, therefore, there is no indications of a disruption, although the members represent such different and opposing schools of medicine.—*Ibid.*

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PARASITES IN THE PROFESSION.—*QUERIES.*—MR. EDITOR.—In the number of your *Journal* for June 29th, are a singular series of resolutions, passed by the Bristol District Medical Society. One is at a loss to know *whom*, or *what* class of men, they are so much annoyed with. They say, "It is doing injustice to censure Thomsonians, homœopaths, empirical oculists, &c., while the parent society *retains*, in full and honorable communion, a class of Jesuitical deceivers, in comparison with whom, all other empirics and mountebanks are entitled to the most profound respect." In their preamble, they call them (supposed to be the same class,) "insidious parasites," &c. From the manner in which Thomsonians, homœopaths, &c., are named, we should infer that *none of these* belong to this anomalous class which cause so much vexation to the members of the Bristol District. If they are none of these, who are they? What kind of "*parasites*" do they mean? Have they any newly-discovered ones, which are *anonymous*? Can they not give them some *name* that they may be known by?

INQUIRER.

—*Ibid.*

## PART II---EDITORIAL.

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### IMPROVEMENTS IN THE INSTITUTE.

Our friends are aware that for some years we have been proposing an enlargement of the Institute, with the view of carrying out the original plan, and covering the entire ground which has been purchased for that purpose. To the execution of this plan, several weighty objections have presented themselves :

*First*, The great outlay requisite for such a scheme, and the existence of debts which still embarrass the Institute, which it would be injudicious to increase so largely under present circumstances.

*Second*, The imperfect plan and defective construction of the first building which has been erected, rendering it difficult to enlarge in a satisfactory manner, or to produce a building of any architectural beauty.

Under these circumstances, finding that the proposed extension of the building would involve an oppressive expense and financial encumbrance, without producing an entirely satisfactory result, it has been determined to adopt a cheaper, and for the present, more appropriate plan ;—i. e., an enlargement of the existing halls of the Institute, sufficient to afford comfortable accommodations for as large a class as could reasonably be expected. This work has accordingly been undertaken, and is at the present time nearly completed, so as to enable us to promise far more agreeable and satisfactory accommodations to our future classes. The main lecture hall of the Institute has been enlarged by the addition of a broad gallery, while the rostrum and library-room have been re-modelled, so as to render them appropriate for the purposes of the chemical department, as well as the other lectures. Under this new arrangement, the capacity of the hall, appears by exact calculations, to be sufficient to contain when filled, 420, which is about as great a number of students as all the medical colleges of Cincinnati combined have ever collected at one time, in their most prosperous condition ; and about four times as great a number as the average size of medical schools in the United States.

The arrangement of the seats renders it convenient to obtain a full view, from all parts of the hall, of whatever is demonstrated at the rostrum.

In addition to this, careful and scientific arrangements have been made for ventilating the hall in the most perfect manner, without the necessity of opening the windows, so as to secure in all parts a warm, equable and fresh atmosphere.

The third story of the edifice, formerly devoted to chemistry, is now devoted to practical anatomy; furnishing a spacious apartment nearly forty feet square and twelve feet high, exclusively devoted to dissection.

In this hall, also, careful arrangements have been made for thorough ventilation. In the fourth story, the amphitheatre has been enlarged to the utmost possible limits, making it much the largest hall in the Institute, occupying about 1,700 square feet, and capable of containing when filled, nearly, if not quite, 400 spectators. Its dark crowded appearance has been effectually removed by cutting out an ample sky-light over the center, which illuminates brilliantly the table of the lecturer.

The cramped spaces heretofore devoted to dissection still remain, but will no longer be needed for such purposes.

The inconvenient stove being removed from the amphitheatre, warmth will be supplied by hot air from below, while the renovation of the atmosphere will be rapidly effected by appropriate ventilators.

With these arrangements, we are prepared to welcome the largest class that can be sent us by American reformers; and, although our accommodations for the present are so ample, we hope that it will not be many years before still larger classes will originate complaints of crowded halls and demand another enlargement. But before that event occurs, we hope and trust that the body of American reformers will see the necessity of erecting an appropriate edifice, not only ample in its internal accommodations, but imposing and beautiful in its external structure.

So far as mere utility is concerned, our present College halls and Clinical Institute are entirely sufficient for the present; and the success of the latter, which has been crowded with patients during the summer, gives good promise of pathological instruction. But the faculty, after incumbering themselves with so heavy an expense for collegiate purposes, are not prepared to make the additional investments at present, which would be desirable to place the Institute upon a footing of equality, in its external resources, with the schools of Paris and London. The library, anatomical and pathological cabinet, specimens, paintings, and other illustrations which ought to be possessed by the the leading central school of American reform, demand a very heavy outlay. And for these purposes, we believe that we may justly appeal to the liberality of the Eclectic Medical Profession.

A plan has been devised for procuring this desirable co-operation in completing the Institute and removing its embarrassments, which we think eminently feasible, and worthy of the immediate attention and action

of the profession. It is proposed that those who feel an interest in the Institute, should subscribe such an amount as they deem appropriate to be paid at once at some specified time, or in regular semi-annual or annual payments, in return for which stock will be issued by the Institute, redeemable in tuition fees. Thus, every subscriber instead of parting with his money entirely, as in the case of a simple donation, will receive more than an equivalent in return, by the services of the faculty. By this measure, which is not a donation, and can scarcely be called a contribution, a considerable fund may be raised for collegiate purposes, to enlarge the facilities and remove the embarrassments of the Institute.

This measure is, in reality, merely mortgaging the future services of the faculty for the benefit of the Institute, and appropriating the proceeds of our own prospective labors to the public cause,—while our friends receive in return for their money, in consequence of our liberal arrangement, three or four times the amount of medical tuition which they can obtain for the same amount in other schools.

Under these circumstances, we trust our friends throughout the country will not fail to respond liberally in co-operation with the faculty.

To those who have already subscribed under the above proposition, we would announce that certificates of stock, based upon such payments, are ready to be issued, and that payments upon their subscriptions will be received at any time by Prof. R. S. Newton, Treasurer of the Institute, by whom also the corresponding certificate of stock will be issued, which certificates, based upon payments to the Institute, will be received in payment of its usual fees.

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## YELLOW FEVER AT NEW ORLEANS.

The following extracts from newspapers exhibit the progress and extent of this terrible pestilence :

Correspondence of the New York Tribune.

### THE PESTILENCE IN NEW ORLEANS.

NEW ORLEANS, Monday, Aug. 15.

The following is a correct statement of the mortality of our city since the commencement of yellow fever. The first death was on May 25, in the Charity Hospital :

	Yellow Fever.	Other D.	Total.
Week ending May 23, 1853,.....	1	139	140
“ “ June 4, 1854,.....	1	141	142
“ “ June 11, 1853,.....	4	150	154
“ “ June 18, 1843,.....	7	140	147
“ “ June 25, 1853,.....	9	158	167

"	"	July 2, 1853, .....	25	152	177
"	"	July 9, 1853, .....	59	129	180
"	"	July 15, 1853, .....	204	140	244
"	"	July 23, 1853, .....	429	188	617
"	"	July 30, 1853, .....	692	188	880

Up to 6 o'clock, A. M. :

24 hours ending	Monday, Aug. 1, '53,.....	117	25	142
" "	Tuesday, Aug. 2,.....	121	14	135
" "	Wednesday, Aug. 3,.....	129	17	146
" "	Thursday, Aug. 4,.....	1	15	166
" "	Friday, Aug. 5,.....	141	9	150
" "	Saturday, Aug. 6,.....	208	80	238
" "	Sunday, Aug. 7,.....	169	40	209
" "	Monday, Aug. 8,.....	196	23	219
" "	Tuesday, Aug. 9,.....	183	21	201
" "	Wednesday, Aug. 10,.....	197	33	230
" "	Thursday, Aug. 11,.....	210	13	223
" "	Friday, Aug. 12,.....	182	25	267
" "	Saturday, Aug. 13,.....	192	22	214
" "	Sunday, Aug. 14,.....	206	26	232

Total, .....	3,820	1,638	5,661
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The above statement shows 8,380 deaths of yellow fever, however, this statement does not give all the deaths, as a large number are no doubt buried and no returns made. It is impossible for the sextons to keep a correct account. No doubt we can put down the yellow fever deaths at least 4,000. The number of deaths yesterday were very large, being 232.—*Oreocent*.

*The Yellow Fever at Natchez.—Great Mortality and Panic among the People.*

" NATCHEZ, Aug. 20.—The yellow fever has been raging here for several days, and is supposed to have been brought from a vessel from Orleans.

Up to the present time there has been over two hundred deaths, which is an enormous mortality, considering that the population is only five thousand.

A large building has been provided for a hospital, where the indigent sick are taken.

The city authorities have pronounced the disease an epidemic.

There is great excitement among the citizens. Many have already left, and others are leaving constantly,—*Cincinnati Times*.

We have also accounts of the spread of the disease at Vicksburg and of cases occurring at Memphis. The following is from the New Orleans Crescent of the 15th August :

In order that we may not be accused by some of our readers of drawing a too frightful picture, we propose in this article to give a statement of the deaths by yellow fever, and otherwise, from June, and ending at the last weekly report of the Board of Health.

That this city, from its peculiar locality, is always at the same season

subject to the prevalence of yellow fever, is a fact established by the reports published in this paper for several years past, for it will therein be seen that there have been cases every year, although the affliction did not always assume the present virulent and epidemic form. We do not pretend to account for the cause of this variety in its manner of attack; although we counsel the adoption of means to ameliorate and perhaps check its progress, viz: cleanliness and temperance. There is no sophistry, no matter how powerfully employed, or issuing, as it sometimes does, from the closets of the scientific—that will convince the right thinking that these are not necessary for the preservation of health. Neither is it necessary to prove our assertion by pointing to the account of deaths among those with whom both temperance and cleanliness are seldom if ever found. We will therefore, without further preface, but with pain and reluctance, give the statement before alluded to.

In the month of June, when the population here may be estimated at 140 000, there were 610 deaths, of which 21 were of yellow fever. This total is only what may be considered a very moderate and natural mortality, although it proves, also, as the season progresses the disease progresses.

The month of July shows a fearful increase. Toward the latter part of this month the population decreased 50,000; notwithstanding we find an aggregate mortality of 2 210, of which 1,400 died of yellow fever. It will also be noticed that the deaths from other diseases increased from 610, out of a population of 140,000, to 801, out of a lessened population estimated at 100,000, on averaging that number, for it is during the latter days of July that all take wing from the city, whose obligations are not of a nature to retain them; thus leaving the population at the beginning of the present month about 80,000, which may be considered the maximum. Of this unfortunate remnant, as will be seen by the report, 2,712 have been carried to the grave in fourteen days, 2,255 being deaths from yellow fever, the total number showing one death to every thirty individuals.

It is fearlessly expressed here by those whose long residence and experience is a sufficient guaranty for the correctness of their assertions, that the fever will continue until the beginning of October, and that the mortality will be at least in the same proportion. Is it not fearful to contemplate? Already the aggregate deaths by yellow fever are 3,585. The same proportion, until the first of October, will give 5 000 more, and so we may expect to lose in this season nearly 9,000, of our inhabitants from this disease only. What, then, remains to us? Simply to endure patiently, to guard our own health, and to perform our duty to those whose misfortune it is to require aid.

From the Crescent, Aug. 11.

#### DOWN AMONG THE DEAD MEN.

To verify the many horrible reports of the doings among the dead, we the other day visited the cemeteries. In every street were long processions, tramping to the solemn music of funeral marches. In the countenances of plodding passengers were the lines of anxiety and grief, as many a door was festooned with black and white hangings, the voiceless witnesses of wailing and of sorrow. On the one hand slowly swept the long corteges of the wealthy, nodding with plumes and drawn by prancing

horses, rejoicing in their funeral vanities ; on another, the hearse of the citizen soldier, preceded by measured music, enveloped in warlike panoply, and followed by the noisy tread of men under arms ; while there again the pauper was trundled to his long home on a ricketty cart, with a boy for a driver, who whistled as he went, and swore a careless oath as he urged his mule or spavined horse to a trot, making haste with another morsel contributed to the grand banquet of death. Now among the steeples was heard the chiming of the bells, as of Ghouls up there, mingling their hoarse voices as in a chorus of gratulation over the ranks of fallen mortality. Anon from some lowly tenement trilled the low wail of a mother for the child of her affections, while from the corner opposite burst the song of some low bacchanal, mingling ribaldry with sentiment, or swearing a prayer or two, as the humor moved him.

The skies wore a delusive aspect. Above was all cloudless sunshine, but little in keeping with the black melancholy that enveloped all below. Out along the highways that lead to the cities of the dead, and still the tramp of funeral crowds know no cessation. Up rolled the volumes of dust from the busy roads, and the plumes of the death carriages nodded in seeming sympathy to the swaying cypresses of the swamp, enveloped in their dull appareling of weeping moss—fit garniture for such a scene.

At the gathering points carriages accumulated, and vulgar teamsters, as they jostled each other in the press, mingled the coarse jest with the ribald oath ; no sound but of profane malediction and of riotous mirth, the clang of whip thongs and the rattle of wheels. At the gates, the winds brought intimation of the corruption working within. Not a puff but was laden with the rank atmosphere from the rotting corpses. Inside they were piled by fifties, exposed to the heat of the sun, swollen with corruption, bursting their coffin lids, and sundering, as if by physical effort, the ligaments that bound their hands and feet, and extending their rigid limbs in every *outré* attitude. What a feast of horrors ! Inside, corpses piled in pyramids, and without the gates, old and withered crones and fat huxter women, fretting in their own grease, dispensing ice creams and confections, and brushing away, with brooms made of bushes, the green bottle-flies that hovered on their merchandise, and that anon buzzed away to drink dainty inhalations from the green and festering corpses. Mammon at the gates was making thri't outside by the hands of his black and sweating minions, that tendered sweet-meats and cooling beverages to the throngs of mourners or idle spectators, who, inhaling the fumes of rotting bodies, already "heaved the gorge ;" while within the "King of Terrors" held his Saturnalia, with a crowd of stolid laborers, who, as they tumbled the dead into ditches, knocked them "about the mazzard," and swore dread oaths, intermingled with the more dreadful sounds of demoniac jollity.

"Long ditches were dug across the great human charnel. Wide enough were they to entomb a legion, but only fourteen inches deep. Coffins laid in them showed their tops above the surface of the earth. On these was piled dirt to the depth of a foot or more, but so loosely, that the myriads of flies found entry between the loose clods, down to the cracked seams of the coffins, and buzzed and blew their *ovaria*, creating each hour their new hatched swarms.

"But no sound was there of sorrow within that wide Gehenna. Men

used to the scent of dissolution had forgotten all touch of sympathy. Uncouth laborers, with their bare shaven heads, stood under the boiling heat of the sun, digging in the earth; and as anon they would encounter an obstructing root or stump, would swear a hideous oath, remove to another spot, and go on digging as before. Now and then the mattock or the spade would disturb the bones of some former tenant of the mould, forgotten there amid the armies of the accumulated victims, and the sturdy laborer with a gibe, would hurl the broken fragments on the sward, growl forth an energetic d—n, and chuckle in his excess of glee. Skull bones were dug up from their long sepulture, with ghastliness staring out

"From each lock-hunter, eyeless hole."

without eliciting an "Alas, poor Yorick," and with only an exclamation from the digger of "room for your betters!"

"Economy of space was the source of cunning calculation in bestowing away the dead men. Side by side were laid two, of gigantic proportions, bloated by corruption to the size of Titans. The central projections of their coffins, left spaces between them at their heads and heels. This was too much room to be filled with earth. How should the space be saved? Opportunely the material is at hand, for a cart comes lumbering in, with the corpses of a mother and her two little children. Chuck the children in the spaces at the heads and heels of the Titans, and lay the mother by herself out there alone! A comrade for her will be found anon, and herself and babes will sleep not the less soundly from the unwonted contact?

"The fumes rise up in deathly exhalations from the accumulating hecatombs of fast coming corpses. Men wear at their noses bags of camphor and odorous spices—for there are crowds there who have no business but to look on and contemplate the vast congregation of the dead. They don't care if they die themselves—they have become so used to the reek of corruption. They even laugh at the riotings of the skeleton Death, and crack jokes in the horrid atmosphere where scarcely they can draw breath for utterance.

"The stoical negroes, too, who are hired at five dollars per hour to assist in the work of interment, stagger under the stifling fumes, and can only be kept at their work by deep and continued draughts of the "fire water." They gulph deep draughts of the stimulating fluid and reeling to their tasks, hold their noses with one hand, while with the other they grasp the spade, heave on the mold, and rush back to the bottle to gulp again. It is a jolly time with these ebon laborers, and with their white co-workers—as thoughtless and as jolly, and full as much intoxicated as themselves.

"And thus, what with the songs and obscene jests of the grave diggers, the buzzing of the flies, the sing-song cries of the huckster women vending their confections, the hoarse oaths of the men who drive the dead carts, the merry whistle of the boys, and the stifling reek from scores of blackened corpses, the day wears apace, the work of sepulture is done, and night draws the curtain.

### THE PESTILENCE.

From the Delta, Aug. 11.

"Still onward stalks the dreadful pestilence through our afflicted city. Every minute seems to give it strength and vigor. Increased victims



appear to sharpen rather than glut its savage appetite. It leaps over all barriers and spurs all opposition. Beginning with the poor, the ignorant and desolate, it has acquired strength enough to defy all the appliances of wealth, of comfort, of science and of art. It can no longer be taunted with undue virulence to the "lower classes." It has established by most gloomy proofs, its title to the epithet of a general leveler. The rich, the lovely, the gifted, the virtuous, the strong, as well as the votaries of vice and destitution, the poor and the virtuous, the ignorant and imprudent—all alike, fall before the remorseless sickle of this great destroyer, and are gathered into one common harvest of death.

"There are few, if any, parallels in history to the present visitation. But a week or so ago, we were involved in unpleasant controversies with medical gentlemen as to whether the disease, which was taking off several hundred of our citizens weekly, was an epidemic. It was charged that we were exciting a panic in announcing and declaring the fact. Two weeks have scarcely passed and the epidemic has become a pestilence, one of the most destructive, malignant and distressing which ever fell upon a people. Considering the number of persons liable to the epidemic, (the unacclimated,) there is nothing in history to equal the present mortality. Deducting our native population and those who have had the fever and become acclimated, we should regard it as a large figure to fix the unacclimated at 30,000 at the breaking out of the fever. Of that number at least 3,000 have already been buried, and every day adds two hundred more to the ghastly record.

"Should it continue in the same ratio, this frightful number will be swelled to 5,000 by the first of September, which is usually the date when the epidemic begins its ravages in our city. For the week ending on the 7th August, its victims were one thousand. That for the week now passing will be as large, and thus, unless some sudden and unlooked for change occurs, the month of August will be held ever memorable in our annals for the the largest proportionate mortality which has ever occurred in the history of the pestilence. It will equal the Black Plague of the Fourteenth Century, and exceed that of the Plague of London in 1664.

"The latter has been considered the severest pestilence of modern times; and yet, out of a population of five hundred thousand, it only slew sixty thousand, in one year, whereas the present epidemic is destroying at the rate of four thousand per month out of a total population of not over eighty thousand, and of a population liable to the disease, not over thirty thousand! It is true that in previous years of this city, there have been days which have exhibited a larger mortality in one day, but on no other occasion has the aggregate weekly mortality been as large, nor the progress of the disease so steady, regular and unbroken! What is the worst aspect of these facts is, that the season for the prevalence of the epidemic is barely commenced.

"In 847, the deaths in the beginning of August did not average ten a day. We have, therefore, at least three months for the pestilence to run. There is no hope that it will terminate its career, unless with the exhaustion of material. At the present rate, this event would not appear to be distant. At least fifteen thousand of the unacclimated have already had the disease, and are either convalescent, or tenants to the tomb. We have heard of a great number who have recovered. Many

of the physicians declare that they have lost none of their patients. Indeed, it would appear that the thousands who have already died could not have had the advantage of medical attendance, as the physicians all declare that they have lost no case! It is wonderful how successful they are, considering the vast amount of mortality! If our estimate of the number who have been attacked be correct, there would remain not more than fifteen thousand of unacclimated persons, which, at the present ratio, would barely afford material to last out the month of August."

In reference to the pestilential visitation, several facts are worthy of comment. The negligence and inefficiency of the public authorities of the city, has been severely censured by the press; but in truth, public education upon Physiology and Hygiene, has been so grossly neglected, that a neglect of sanitary precautions in large cities, is universal. Our cities generally, by their ill drained, and ill cleaned streets, their imperfect sewerage, and unwholesome jails, hospitals, and public buildings—not to mention their licensed grog-shops, do vastly more to create than check disease. Yet there is no necessity in the nature of things, for cities being thus unhealthy. On the contrary, in many situation in our country, the heart of a crowded city, is sometimes more healthy than the suburbs and country residences around it.

The silence of the press in reference to the existence of the epidemic, for fear of disturbing the commercial prosperity of the city, was certainly discreditable, and the wilful stubbornness of the physicians, some of whom, even denied the existence of any epidemic, in the last week in July, when the deaths were about 750 a week, is a disgrace to the profession.

We cannot doubt the harvest of death has been vastly increased by these three causes. The people were thrown off their guard in the hour of peril, by the concealment of the state of the disease, and thousands were tempted to remain and risk their lives, although when attacked, adequate medical attendance could not be procured.

Another remarkable fact is, that a number of physicians are found boasting of their wonderful success in the treatment of disease, in private practice. If their statements be true, the mortality must be mainly owing to the crowding of large numbers together, in fever hospitals, where the comforts of home could not be obtained, and where the air was saturated with the emanations of the disease.

Another very remarkable fact, is, the opinion expressed by experienced physicians, among whom we find Dr. McFarlane, one of the oldest and most prominent physicians of the city, that the disease is in no wise dependent upon the purity or the impurity of the atmosphere; and that the filth in the streets, is rather a preventive than a cause of the disease; the seventh ward, it is said, being at the same time, the filthiest, and one of the least afflicted in the city.

As to this doctrine, we are unable here to pronounce an opinion. It is certainly true that putrescent materials, generally tend to produce fever of a malignant, typhoid, or congestive character; but as there is a great variety in the character of such emanations, there may, no doubt, be many which are offensive to the smell, yet comparatively harmless as to their febrile tendency, which we know to be the case in dissecting rooms. But if there be no local malaria concerned as the cause of the disease, to what must it be ascribed? It cannot be the heat alone, for in New York, where at the same time more than 200 a day have died of excessive heat, we hear of no epidemic fever. And, indeed, in New Orleans, the weather has not been remarkably oppressive, the nights having been cool, and the night police have generally escaped the disease.

We believe that the solar heat, the relaxing influence of moisture in the atmosphere, the disturbing influence of sudden alternations of temperature, and the noxious influence of local miasma, all combine to produce a strong febrile predisposition, in consequence of which, the common prevalence of billious, congestive, or typhoid fever, might be anticipated; but under these circumstances, the development of a more malignant type of disease imported from abroad, operating upon the predisposed community, by contagion or infection, may give rise to the alarming mortality which has occurred.

New Orleans has suffered terribly heretofore, and must continue to suffer hereafter, in consequence of her voluntary and stubborn denial of certain great physiological truths. The fact that all fevers of a severe or malignant type acquire increased contagious or infectious power in proportion to their malignity—that a hot unhealthy climate renders the constitution ten-fold more susceptible of contagious influences,—and that in the summer climate of New Orleans and all other localities in the torrid and Southern temperate zones, fevers assume a more contagious character in July and August,—these facts, which we believe can be demonstrated by an ample array of evidence, have been wilfully disregarded. The mercantile interests of a great commercial city require that all truths relating to contagion or infection should be suppressed; and the medical profession, always narrow and mechanical in its philosophy, and ignorant of the laws of the nervous system, scarcely need the temptations of mammon to induce them to co-operate with the mercantile community in scouting the laws of infection, and exposing the lives of thousands.

The tendency of fever to contagion is so strong under all circumstances, that nothing but vigorous health in the attendants, and a healthy condition of the atmosphere without, can give perfect security. Physicians and nurses very often become the victims of epidemic ship fever and typhus fever, even in the colder climates. In England, washerwomen,

who are employed in some of the fever hospitals, to cleanse the clothes of the patients, are said to be invariably attacked by the disease, from the mere contact of the clothing.

When so many diseases are known by the profession to have a contagious or infectious character,—when puerperal fever has so often been known to have been transmitted by the physician from one patient to another, creating the epidemic throughout the entire extent of his practice, what can we think of the stubbornness of physicians in resisting the evidence of infection and contagion? There seems to be a stubborn, mechanical rigidity in the brains of the leaders of the profession, which refuses to recognize a law of nature because its phenomena are not universally manifested, without regard to conditions and constitutions. While millions of febrile patients fail to propagate the disease among those around them whose constitutions are not predisposed to its attacks, medical men seem to be incapable of perceiving that, a more malignant stage of the same disease, with a more impressible and morbid condition of those surrounding the patient, could produce a different result from what they are accustomed most frequently to witness.

Some years since an able pamphlet was published by a learned physician of New Orleans, demonstrating most clearly an actual propagation of yellow fever by contagion, in its most formidable epidemics; but this pamphlet, being regarded as adverse to the commercial interest of New Orleans, was suppressed, or at least attained a very limited circulation, and its author was silenced. Thus, while European governments have carried their quarantine regulations to the most extravagant lengths, Americans have gone to a still more dangerous extreme in the opposite direction,—prompted by the spirit of mammon, and encouraged by medical scepticism and subserviency. There are doubtless hundreds in New Orleans, who are aware from their own observation, of the influence of contagion in the present epidemic; but whether any physician shall have the moral courage to publish the truth upon this subject in New Orleans, remains to be seen. The Planter's Banner, of Franklin, La., contains the following remarks in reference to the demonstration of contagion, by a writer in the *Picayune*:

"An anonymous writer in the *Picayune* goes far towards upsetting existing theories as to the cause of this disease. He contends that in all cases it has been carried there by vessels. In the present instance he says that a gang of men was employed to discharge the ship *Ad-laide*, from Rio Janeiro, that they sickened, and that two other gangs shared the same fate. Now if this rumor be true, it establishes a fact worth knowing, for the present commenced in the neighborhood where that ship and other sickly ships were moored.

"The writer then proceeds thus:

"Many of your readers doubtless remember Capt. Depassau, who died some few years back. He had been a resident of the city for many a

long year, and said he had never known an epidemic of yellow fever that could not be traced to importation. He was a man of shrewd observation and long experience, and of course believed in the necessity of rigid quarantine regulations. He predicted that we should have the fever a certain year, because that season a steam communication had been established with Havana, where the fever then prevailed. Nor was he disappointed.

But again. In the last epidemic, I think, the disease commenced from a French ship in the city of Lafayette. And I would ask if it is not a fact that in former years the disease generally made its first appearance in the lower part of the city, where most of the shipping then were moored?

Look now at New York. In 1822 the yellow fever last prevailed, an undeniably originated from some ballast from a sickly ship moored at the foot of Rector street, on the North River, and among some children occupied in picking pebbles from the ballast. In that year the quarantine laws were revised and made very stringent, mainly through the influence of Dr. Hosack, (to whom I may hereafter recur,) and the result has been the perfect immunity of that city. Look also at Vicksburg escaping the epidemic in 1847, by the efficacy of quarantine regulations, when other places on the river suffered. Now are not these facts more worthy the consideration of the Board of Health than the abstract question, whether heat, or wet, or filth, or clean mud is the cause of our present pestilence?

"To this he adds: 'It is said by those who have resided in Rio Janeiro, that the fever there perhaps partakes more of the character of African fever than the ordinary yellow fever of this climate.' This would readily account for the various types assumed by this disease at different seasons, and the great mortality which ensues before it can be brought to yield to medical treatment. Within our own knowledge we have a parallel case to that of the Picayune's correspondent. During the fall of 1839, the town of Donaldsonville was severely visited by yellow fever. The first death that occurred there from it was that of Mr. Stewart, of the firm of Stewart, Morton and Bissel, we think, of New Orleans. He had left that city shortly after the epidemic broke out, took sick on board the boat, and was landed at that place. Immediately after his death the disease spread rapidly throughout the town; medical skill could do little for it—it was beyond their routine of practice—and almost certain death awaited those who took it. From these and other observations within our knowledge we believe that the practical observations of the writer quoted above are paramount to all theories otherwise based."—B.

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## MEDICAL COLLEGE OF OHIO.

In the article on Medical Education in Paris and Cincinnati, from the Daily Times, on page 303 of the present number of the Journal, Dr. McIlvaine of Cincinnati, who has recently returned from a visit to Paris, administers a cruel castigation to this venerable Institution. What the Dr. says in reference to its miserable policy, which deprives the profession

of the benefit of the library belonging to the State, is exceedingly appropriate.

This old and venerable school is evidently tottering on its last legs—an object of pity to its friends and derision to its enemies. But in speaking of its unfortunate condition, Dr. Mellvaine could not conveniently refer to the most pertinent fact, that Eclecticism overshadows every thing else in Cincinnati, and that it is hard for the old and orthodox school to flourish under the shadow of the young giant of reform. Of course, gentlemen of the regular corps will declaim loudly, and vehemently discuss every other reason for the decline of the school, rather than allude publicly to the unpalatable fact, that there has been a great change of climate about Cincinnati, in the last eight years, and that it is no longer congenial to the growth of such narcotic plants as the colleges of hunkerism.

It is getting to be pretty well understood abroad, that Cincinnati belongs to the Eclectics; and the profession at large feel very little pride in maintaining old school institutions in a city where they suffer so disadvantageous a comparison. As for sustaining the Medical College of Ohio under these circumstances, they care but little about it. On the contrary, they see that the contest is unprofitable, and begin to feel a little like the celebrated coon, who requested Captain Scott not to shoot, as he was willing to come down at once if he knew it was Captain Scott.

The Medical College of Ohio made, last winter, its final spasmodic effort to prolong its vitality. By the erection of an imposing edifice, it was supposed that an institution which had boasted of such names as Drake, Mussey, Eberle, Bell, Locke, Baxley, etc., might attain a conspicuous rank. But after involving the Institution hopelessly in debt, reducing it to such a condition that its most distinguished professors have been actually starved out, and abandoned the sinking institution, for want of pecuniary resources, great difficulty has been found in filling their places. Professors Cobb, Baxley, Locke and Rives have resigned. Drs. Lawson and Edwards alone remained as a remnant of the old Faculty. To fill out the chairs with men of such reputation as Drake and Mussey, Bell and Eberle, has been utterly impossible. The professorships have literally gone a begging. Young men of no national reputation have been sought out, because nothing better could be done. Dr. Colescott, of Louisville, was announced as among the new appointments, but could not be induced to accept.

Finally, Drs. T. Wood, C. W. Wright, and S. G. Armor, of Cincinnati, and Dr. A. Evans, of Covington, have consented to accept the places. These gentlemen, almost being unknown as medical teachers or writers, bring no reputation to benefit the school, and will have to begin, *de novo*, to build it up, with whatever energy and talent they can bring to bear.

Dr. Evans, of Covington, with whom we have enjoyed the pleasure of an acquaintance, is a graduate of the Louisville School, and promises, we think, to make a very acceptable teacher. He occupies the department of Surgery, and we have no doubt his instructions will be at least as useful as those of his more distinguished predecessors.

Under present circumstances, the triangular duel of the Ohio, Miami and Cincinnati Colleges, in this city, will be conducted upon a fair and equal footing, and we doubt whether the whole three will gather enough to make more than one respectable class.

To add to the vexation and embarrassment of the venerable school, a public meeting of the physicians of Cincinnati was held at the Mechanics' Institute, for the purpose of considering the condition of the Commercial Hospital, at which the College was again severely denounced, and the separation of the Hospital from the Medical College of Ohio vehemently urged. Ex-Prof. M. B. Wright, delivered a speech of so caustic a character as to create a great disturbance among the Faculty;—indeed, Dr. Wood, the new Professor of Anatomy, was so highly incensed as to rush at Prof. Wright, with strong manifestations of immediate fistichuffs. The scene was very lively for a time, but there were a sufficient number of gentlemen present to keep the two belligerents apart. Dr. Wright remarked, with becoming dignity, that he would not respond to Dr. Wood's coarse personalities, but could easily be found by Dr. Wood if he wished when the meeting was over.

Remembering the unbecoming course pursued by Dr. Wood toward the late Dr. Morrow and other reformers, we are not surprised at this vulgar exhibition, which so thoroughly disgusted the respectable members of the profession.

Such is the condition of a State Institution, upon which tens of thousands of public money has been wasted—such is the school in which students are to learn *professional ethics*.—B.

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### DR. MATTSON OF BOSTON, AND HIS IMPROVED SYRINGE.

We have neglected too long to call the attention of the public to this valuable instrument and its accompanying treatise. Dr. Mattson, a physician of Boston, is one of the most learned and talented physicians among the independent reformers of America; and we have long been looking for something from his pen, which would give the public the ripe fruits of his experience. The work upon the practice of medicine, prepared and published by Dr. M., many years ago, soon after his first introduction to the healing art, evinced considerable literary ability, but is very far from being such a work as he might have given the public at

any time during the past ten years. In justice to his own reputation, Dr. M. should not leave his first youthful efforts, as the only record of his intellectual resources. It is true the work in question, has enjoyed considerable reputation, and circulated widely among medical reformers ; but we are so well aware of its inadequacy as a representative of Dr. M's attainments, that we would respectfully urge him to a renewed effort.

Meantime, Dr. M. has given to the public, an improved instrument accompanied by a book, which we doubt not will prove vastly more serviceable to the public than many costly volumes of higher pretensions. The instrument and the book supply what has long been desideratum, and we think no one who obtains them, will fail to recognize a debt of gratitude due to Dr. M.

No medical man can doubt the great practical value of injections, both simple and medicinal. Not only are they indispensable in the practice of medicine ; but in every family, the apparatus for injection should be considered indispensable, for the prevention of disease by simple and natural means. This important remedy, however, never could attain its just position, either in medical practice or private use, without better apparatus than we have heretofore enjoyed.

The awkward straight syringe is seldom used except in emergencies, because it cannot be used by the patient himself, and requires an intelligent attendant, or frequently the physician himself, to attend to its application. Males, as well as females, have a natural repugnance to submitting to this awkward and disgusting operation, which places the parties in a position at once ludicrous and indelicate. And even when considerable care and dexterity have been employed, to avoid mechanical contusion of the delicate parts, there is a great liability to the injection of atmospheric air, producing the most painful colics and other disturbances. A little experience of these unpleasant difficulties, will be quite sufficient to create an unconquerable prejudice against injections. Many instruments have been devised to overcome these difficulties, and enable the patient to wait upon himself, with facility and comfort ; but we are not aware that any have been as yet, entirely successful, in accomplishing their object, in a simple and satisfactory manner.

Dr. Mattson's instrument, enables the individual using it, to dispense with any attendant. When it is adjusted for use, he has nothing to do but to drop the end of the injection tube, into the fluid which he is to use, and steadily raise the piston until the cylinder is full ; then placing the cylinder upon a floor, chair, or other support, it stands erect, without assistance ; with one hand the patient will insert the nozzle of the flexible tube, while with the other he presses down the piston, and discharges the contents of the cylinder—but one hand being required to work the instrument, while the other is employed to manage the injection tube.



The apparatus is constructed in a superior manner, the piston fitting accurately to the cylinder, and working tightly and smoothly, so as to avoid all danger from the injection of air. Indeed, it would be impossible to inject air with this instrument, unless the operator should first elevate the piston and draw in air, before inserting the tube in the fluid injection. Even in that case, however, the air would not be driven through the tube, into the patient, unless the piston should be forced entirely down; and, it would be expedient in using the instrument, to stop before the piston has entirely reached the bottom, for fear there might be through some defect or carelessness, bubbles of air introduced into its caliber. But if we have any reason to suspect this to be case, we can easily expel any bubbles of air which may have gained admittance, by turning the bottom of the cylinder a little upward, and holding up the injection pipe perpendicularly, while we force in the piston. In this position, the air from its specific gravity, will rise and escape through the tube; and as soon as the fluid appears at its mouth, we may be sure that the air is all gone.

With such an instrument, those who need injections, can conveniently wait on themselves at all times, and physicians will have no difficulty in having this important measure faithfully carried out. We believe that no physician who has experienced the advantage of such an instrument, in the treatment of female disorders, as well as in the general practice of medicine, would be willing to dispense with it.

Accompanying the instrument, are additional tubes, valves, and catheters, which can be obtained by order, and a "ready water boiler, and infusion cup," which will be highly serviceable to families and physicians. Dr. Mattson's general agent, Mark Worthley, 185 Washington Street, Boston, furnishes the instrument to physicians and families, throughout New England. Applications to him, or to Dr. Morris Mattson, will receive due attention. The price of the single instrument, neatly packed in a case, with the accompanying book, is three dollars and a half, or thirty dollars a dozen. This little volume of a 164 pages, entitled, "Manual of Directions for the employment of Injections in various diseases, with remarks upon the nature and treatment of habitual constipation; preceded by a treatise on the Intestinal Canal, its structure, functions, etc.; with a description of the Digestive Process," it is a clear succinct, and satisfactory treatise upon the intestinal functions, which even the learned professional reader will find interesting and instructive, being far more satisfactory than any account of the same subject, which he will find in the standard works on Physiology.

The first sixty pages of Physiological matter, are followed by an essay upon injections, which is full, clear, and satisfactory, embracing in a concise form, almost every thing that could be said upon the subject;

and presenting in addition to ample explanations and directions, upwards of thirty valuable formula, for various kinds of injections.

So greatly has this subject been neglected, in consequence of imperfect instruments, and ignorance of the value of simple and medicinal injections, that we doubt whether any practical treatise upon medicine could have been more extensively useful, to the profession and the public, than the book and instrument of Dr. M. Being a subject upon which the feelings of medical partisans need not be aroused, the suggestions of Dr. M., are received by the physicians of all schools, and his instrument and treatise have been highly complimented by the most eminent members of the medical profession in the East.

It is fortunate that there are some subjects, which are of so simple a nature, that the members of the entire profession, can cooperate in their use, without being disturbed by the paltry jealousies of sect and party.

In conclusion, we would simply recommend every physician to procure the instrument and book, from Dr. Mattoon, and also to urge their sale among his more intelligent friends and patients, who think the preservation of health, a matter worthy of their attention.—B.

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### PHYSIOLOGICAL THEORIZING—CARTWRIGHT, DOWLER AND WILLARD.

It would be difficult to find an example of bolder theorizing and more hasty generalization from a few facts, than we find in the writings of Dr. Dowler, Dr. Cartwright, and Mrs. Willard. With a few remarkable facts, loose analogies, and inconsequential reasonings, they propose to overturn and demolish some of the best established truths of Physiological science. Dr. Dowler and his coadjutor, Dr. Cartwright, attack the brain and nervous system, which are to be overthrown, for the purpose of installing in their place, as the seat of life and mind, the liquid blood. Mrs. Willard and her coadjutor, Dr. Cartwright, (for the Doctor is a vigorous champion of both theories,) propose to prove that the circulation is independent of the heart, and depends upon the lungs and certain inscrutable electric and calorific forces which impel the blood. Thus, taking Dr. Cartwright as the expositor of both theories, the blood is the organ of mind, will and character—a sort of independent being, which circulates itself, and governs the entire economy, merely using the brain and heart as obedient instruments of its sovereign will.

The wild speculations and meteoric vagaries of the human mind in the dark ages, and several centuries after, are fully rivalled by the sanfaronade

of these modern theorists. When a medical writer gravely proposes to discard the intellectual functions of the brain, and the muscular functions of the heart, and even suggest like Dr. Cartwright, that we go back to Moses for our Physiology, the whole matter becomes too ludicrous for deliberate argument. We are tempted to recommend the Doctor to extend his philosophizing a little farther,—prove that the Newtonian and Copernican ideas of the solar system are erroneous—lead us back to the astronomical wisdom of Moses and Joshua, and explain how the Sun stood still in the midst of its revolutions round the Earth.

The visionary extravagance of the writings of Dr. Cartwright has, heretofore, prevented our making any reference to the doctrines which he has broached. But the circulation which his writings have gained through the *Boston Medical and Surgical Journal*, as well as through the newspapers, and the very bold and confident manner in which he announces his views, have tempted us to present the subject before our readers, by copying in this number of our *Journal* one of his essays. Dr. Cartwright is a gentleman of reputation and learning, who handles his pen with considerable literary skill; and few are better qualified to inflate a diminutive idea into gigantic proportions, or to introduce with a grand flourish of trumpets, an immense philosophical nonentity. Captivated as he has been by the crude theories of Mrs. Willard, and the interesting experiments of Dr. Dowler upon alligators, his writings in behalf of their theories are not only confident and positive, but full of Southern enthusiasm.

Dr. Dowler, a gentleman of learning and talent, is entitled to considerable credit for the performance of his experiments upon alligators, although they convey but little that is positively new, and are very far from sustaining the theories in behalf of which they are advanced. We are disposed, however, to give him some thanks for the energy with which he has directed physiological inquiry and speculation to phenomena which have heretofore been too much neglected.

As to the theories of Mrs. Willard in reference to the circulation of the blood, there is really not enough in them to justify much attention on our part. Theories so crude as those which she has propounded, denying the agency of the heart in circulation, soon drop to pieces from their own incoherence, and pass into oblivion. Such would have been the fate of Mrs. Willard's suggestions, without any interruption, had they not been puffed into temporary notoriety by the efforts of Dr. Cartwright. The extreme absurdity of the Willard and Cartwright theory of the circulation is easily shown by reference to the most familiar facts. If we open the thorax of any living animal, and grasp its heart in the hand, we feel distinctly that it exerts a considerable muscular power; a power sufficient to propel liquids through channels much longer than its blood

vessels. The muscular power which is actually exerted by the heart of man is mechanically sufficient to propel the blood through tubes of twenty or thirty feet in length, which is several times longer than the channels through which it actually flows. If we place a ligature upon an important artery near the heart, and test the pressure of the blood in the artery at the moment when it is driven into it by the contraction of the ventricle, we shall find the mechanical force which is imparted to the blood by the action of the heart, to be equal to a fifth or sixth of the atmospheric pressure, probably as much as two or three pounds to the square inch, when the contractions are vigorous. When a mechanical power so efficient as this is continually operating upon the blood, and is, we know, sufficient to compel its circulation without the assistance of any other force, it is perfectly puerile to look among the minor causes which assist to modify the course of the blood, for the principal cause of the circulation.

The facts that air circulates in plants, and that the fluids in insects and other animals without a heart are slowly circulated by capillary action, have little relevancy to the constitution of man. In man and the entire class of vertebrata, a more vigorous circulation being required on account of the higher character of the animals, a more efficient circulating organ, the heart is superadded to the blood-vessels. In man, standing at the summit of the animal kingdom, the central organs, the heart and the brain, attain their maximum importance in comparison with the nervous and vascular systems; and to assert that the heart is of but little utility in man, because the lower orders of animals are destitute of a heart, is about as rational as to deny that man performs his locomotion by means of legs, because fishes and serpents are destitute of such organs. To deny the relative importance of the brain in man, because insects manifest intelligence without a brain, by means of the ganglionic system, is a parallel absurdity. They display intelligence without brains, as serpents display locomotion without legs. An inferior portion of the nervous system, (the ganglia,) performs in an imperfect manner, the functions of the higher structures, which are absent,—just as the fins and tail of a fish give it the power of locomotion, which the horse derives from its legs.

It has long been known that the body of a decapitated snake, or even of a decapitated fowl, would make a variety of movements, apparently prompted by pain, and indicating a certain degree of intelligence and volition. This movement of the decapitated fowl, serpent or fly, merely exhibits the fact, which we have long taught as a portion of the science of the nervous system, that those powers which, in the higher animals are concentrated in central organs, gradually descend from those central organs to the inferior portions of the body, as we descend in the scale of being. Intelligence descends from the brain to the spinal cord, and from

the spinal cord to the ganglia, finally becoming lost in indeterminate masses of nervous matter, which, as we approach the zoophytic class, are the sole remnants of the brain, spinal cord, and ganglia. That in the lowest classes of the vertebrata, viz. : reptiles and fishes, intelligence has already descended from their diminutive brain to the spinal and ganglionic system preparatory to its final departure from the cerebro-spinal, to locate in the ganglionic apparatus, is a principle with which our pupils have long been familiar.

When Dr. Dowler argues from such facts, viz. : from the consciousness remaining in the body of the alligator, after it has lost its diminutive brain,—when from such facts Drs. Dowler and Cartwright infer that a similar condition exists in man, they exhibit the hasty zeal which is but too common among theorists who do not take a broad and comprehensive view of the philosophy of nature. The great fact upon which they build their theory, viz. : that reptiles retain an imperfect consciousness and voluntary power after the loss of the brain, is not a new fact in itself, and it proves nothing beyond the class of animals to which it belongs. The fact that the alligator can dispense with its brain for a considerable length of time without absolute death, does not prove that man can do the same. The consciousness and volition which exist in the subordinate nervous structures of the alligator, are not manifested in the subordinate nervous structures of man ; consequently the whole theory, with its facts and arguments, has no important bearing upon our views of human physiology. If Drs. Cartwright and Dowler would reflect properly upon the phenomena of the animal kingdom, they would discover a simple general law which gives to their experiments their proper place, viz. : that as we ascend in the scale of animal nature, the vital functions become concentrated in central organs, while as we descend, the same functions become diffused in inferior and subordinate structures. In man, we find the brain and heart in high perfection—continually declining in their development in the successive orders of the mammalia, birds, reptiles, and fishes, reaching their minimum development in the latter,—the functions of the brain being more and more transferred to the nervous system, while the functions of the enfeebled heart are transferred more and more to the capillaries,—preparing thus for another step of descent, in which, below the vertebrata, both brain and heart are dispensed with, their places being supplied by ganglia and capillaries.

This view of the philosophy of animated nature, first presented, we believe, in the Eclectic Medical Institute, assigns to their proper place the extravagant generalization of Dowler and Cartwright, and the far more vague and illogical speculations of Mrs. Willard.

In man, the brain and nervous ganglia are the seats of the controlling powers of life—the latter being subordinate. In the lower animals, the brain being removed, the ganglia alone perform the entire duty. In man the circulation is maintained by the heart and capillaries—the latter being subordinate ; but in animals without a heart, the capillaries have to perform the whole duty. The Cartwright and Willard theory supposes that, because certain animals may thus dispense with a brain and heart, those organs are of little importance to man. As well might they affirm that the forelegs of animals are useless for locomotion because man travels by his posterior extremities alone—or that, since birds make the most rapid locomotion by their anterior extremities or wings, the horse and the

grey-hound are propelled by their fore-legs alone. Nature is not so monotonous in her resources, or so narrow-minded in her plans as medical theorists.—B.

## OFFICE OF THE BOARD OF HEALTH.

*Report of Deaths in Cincinnati, during the month of July, 1853, as reported by the Undertakers to the Board of Health.*

Whole number of deaths reported, - - - - - 317

### CAUSE OF DEATH.

Apoplexy, - - - - -	1	General Debility, - - - - -	6
Bronchitis, - - - - -	5	Homicide, - - - - -	2
Casualty, - - - - -	3	Hemorrhage, - - - - -	1
Cholera Morbus, - - - - -	1	Hooping Cough, - - - - -	2
Consumption, - - - - -	46	Hydrocephalus, - - - - -	2
Convulsions, - - - - -	6	Inflammation of the Brain, - - - - -	12
Colica Pictorum, - - - - -	1	Inflammation of the Bowels, - - - - -	4
Congestion of the Brain, - - - - -	3	Inflammation of Stomach, - - - - -	2
Compression " - - - - -	1	Inflammation of the Lungs, - - - - -	3
Croup, - - - - -	2	Injury at Birth, - - - - -	2
Delirium Tremens, - - - - -	2	Jaundice, - - - - -	2
Diarrhœa, - - - - -	5	Measles, - - - - -	4
Diarrhœa, chronic, - - - - -	3	Old Age, - - - - -	2
Disease of the Brain, - - - - -	2	Parturition, - - - - -	1
Disease of the Lungs, - - - - -	3	Pulmonary Apoplexy, - - - - -	1
Disease of the Heart, - - - - -	1	Putrid Sore Throat, - - - - -	1
Disease of the Liver, - - - - -	1	Sun-stroke, - - - - -	1
Disease of the Bowels, - - - - -	3	Scrofula, - - - - -	1
Dropsy, - - - - -	3	Small Pox, - - - - -	1
Dysentery, - - - - -	13	Strangulated Hernia, - - - - -	1
Dysentery, chronic, - - - - -	2	Summer complaint, - - - - -	44
Fever, - - - - -	3	Suicide, - - - - -	2
Nervous Fever, - - - - -	2	Teething, - - - - -	9
Puerperal Fever, - - - - -	1	Thrush, - - - - -	6
Scarlet Fever, - - - - -	19	Ulceration of the Bowels, - - - - -	1
Ship Fever, - - - - -	1	Dead-Born, - - - - -	5
Typhus Fever, - - - - -	1	Cause not reported, - - - - -	84
Typhoid Fever, - - - - -	2		
Total, - - - - -			317

### AGE.

Less than one year old, - - - - -	84	Between 30 and 40 years, - - - - -	34
Between 1 and 2 years, - - - - -	48	" 40 " 50 " - - - - -	17
" 2 " 3 " - - - - -	16	" 50 " 60 " - - - - -	9
" 3 " 4 " - - - - -	20	" 60 " 70 " - - - - -	6
" 4 " 5 " - - - - -	6	" 70 " 80 " - - - - -	7
" 5 " 10 " - - - - -	9	" 80 " 90 " - - - - -	0
" 10 " 15 " - - - - -	6	" 90 " 100 " - - - - -	0
" 15 " 20 " - - - - -	4	Dead-born, - - - - -	5
" 20 " 30 " - - - - -	23	Age not reported, - - - - -	23
Total, - - - - -			317

NATIVITY.			
United States,	-	-	182
England,	-	-	4
Ireland,	-	-	39
Scotland,	-	-	2
Wales,	-	-	0
Canada,	-	-	0
Germany,	-	-	60
Switzerland,	-	-	2
France,	-	-	1
Nativity unknown,	-	-	27
Total,	-	-	317
SEX.			
Male,	-	-	170
Female,	-	-	147
Total,	-	-	317

Published by order of the Board of Health,  
C. B. HUGHES, M. D., Health Officer.  
August 3rd, 1853.

**DEATH OF PROF. CALVIN E. NEWTON.**—The August number of the Worcester Journal of Medicine, announced the severe illness of its editor, Dr. C. E. Newton. A letter from Prof. H. F. Johnson, dated August 16th, announces his death, after an illness of thirteen days, on Tuesday the 9th of August.

In the death of Dr. Newton, we have lost one of the most efficient supporters of medical reform at the East. A good writer and teacher, a gentleman of elevated views, to whom, we believe, the profession are mainly indebted for the founding of the Worcester school, and sustaining the Worcester Journal of Medicine.

His career of usefulness was in successful progress, when it was arrested by the hand of death. We hope hereafter to give a fuller account of the life and labors of Dr. N. Dr. Johnson and Dr. Reuben, will doubtless do justice to his memory.—B.

**THE SENTIMENTS OF ECLECTIC PHYSICIANS.**—We accidentally omitted to mention in our last number, that a meeting of the Eclectic physicians of Cincinnati and Covington, had been called by public announcement in the Daily Times. This meeting was prompted by the attempt to impose upon the public as the sentiments of the Eclectic medical profession, the malicious suggestions of a pair of factionists. The meeting was held at the Eclectic Medical Institute, and its proceedings will shortly be published.

The members of the meeting, reprobated in terms of becoming severity, the traitorous attempt to create discord among Eclectic reformers, for the gratification of private malice, by the circulation of personal and professional slanders. We have not regarded the paltry efforts of such disturbers of the public peace, as worthy of any further notice in this journal; and we now merely call attention to the fact, that the physicians of Cincinnati and Covington, have thought it worth while to say a few words upon the subject, with the view of sustaining the interests of our common cause, and promoting general harmony.—B.

THE  
ECLECTIC MEDICAL JOURNAL.

OCTOBER, 1853.

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ON IMPROVEMENTS IN MEDICAL PRACTICE—CONCENTRATED MEDICINES, ETC.

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*To the Editor of the Boston Medical and Surgical Journal :*

SIR —The following remarks of yours occur in the number of the Journal for June 15th : “ There are conservatives in the medical ranks, as well as among politicians, who are perpetually saying in effect, ‘ pray, gentlemen, let well enough alone.’ Thousands of physicians neither think nor explore beyond the chart placed before them in the books. They have a distaste for innovation, and would much prefer to live out three score and ten years in the happy conviction, that Cullen’s Practice and Mothherby’s folio dictionary embody all that is worth knowing in the divine art of healing.” These remarks called up something like the following ideas in the mind of the writer. How dares the editor talk so ? Is he not afraid he will lose *caste* ? To break from the ranks of a political party is sure and certain death, so far as that party can kill ; and will it be a less venial offense to intimate that there are “ thousands ” of this *stand-still* class in the ranks of the medical profession ? Surely, Mr. Editor, you did not well consider what an army you would find in array against you. Then, in the number of the Journal for July 14th, you have republished an article on inhalation in diseases of the air passages and lungs, from Doctor Turnbull, of Liverpool. Now, when the writer of this, some three years since, furnished some articles for your journal, upon inhalation of powders and gases in these diseases, with a somewhat lengthy account of what had been done within fifty years to introduce this practice ; while a few made trial of the plan suggested, the very numerous class of conservatives (I would prefer to give them a different name, and would call them *stand-stillatives*), intimated, that “ many racked their brains in vain to get up *powders and gases* to inhale to cure these diseases.” The ideas contained in Dr. T.’s paper are reasonable, but he has made but little if any advance upon others



who had preceded him, such as Snow, Crichton, A. T. Thompson, Clark, etc., to whom he has given due credit.

Whatever ground may be taken by "thousands of physicians" against a practice of this kind, we venture the prediction, that if any improvements are made in the treatment of this class of diseases, we are to look for them in this direction. The remedy must, in some measure, be applied to the diseased organ. We do not mean, by thus saying, that in phthisis, for instance, no general or therapeutic measures are necessary, but simple inhalation. To say this would manifest that we knew but little of the nature of phthisis pulmonalis. But do we mean, that where under general treatment, there are appearances of amendment, much aid may be given by the inhalation of proper agents.

Many can bear testimony to the beneficial effects of the powders composed of lycopodium and nitras argent, as recommended by us in a former volume of this journal. When the disease has been in the larynx, trachea and bronchial tubes, it has often done good service.

In real phthisis, where tuberculosis has become active, it is, of course, not expected by physicians, that, ordinarily, much improvement will take place under any mode of treatment now known. Yet, it is known, that, even in these cases, nature sometimes accomplishes a cure, and remedies seem to act beneficially.

But a short time since, the writer had under his care a young man, who appeared to be fast sinking with phthisis. The cough had become loose, and expectoration of very adhesive tubercular pus was profuse, with night sweats and flushings, and every symptom of this alarming disease. Under the following prescription, he immediately began to amend, and is now (only two months since, he commenced the use of the medicine) quite free from cough and expectoration, and has gained flesh and strength: R. Oleum jecoris aselli, ʒ iv.; syr. cortex aurantii, ʒ ij.; aqua anisi, ʒ ij.; ol. calamus, gtt. vj. M. This medicine, to my knowledge, has been given in many other cases in which the symptoms so nearly resembled this, that "one could not be told from the other," without the least benefit. It is a remarkable fact, that the oil operates like a charm in some cases, and does not do the least good in others.

No one supposes, that inhalations will benefit every case; but if they are useful in one case in ten, the physician is bound to try them, in a disease where frequently no remedy avails in restoring health.

I have been, for some time, using the *concentrated medicines of Keith and Hendrickson*, referred to by yourself some time since, and by Dr. Miner, in the number for July 13. I have found them convenient and useful. These gentlemen have given us the *extracts*, or essential medicinal principles, of some thirty native and

foreign plants. They are prepared upon the same chemical principles that *quinine* is made from *bark*, and *morphine* from the *poppy*, and I see no reason why they should not come into as general use as quinine and morphine. The plants from which they are made, are not all as active and powerful as the bark and the poppy; but some of them are quite as useful in their proper places.

The podophilline, from the *podophillum pellatum*, is a powerful alterative, and may, to a considerable extent, take the place of mercury. It operates as an alterative and a cathartic, quite as thoroughly as the mineral. Like mercury, its effects are more readily manifested when it is combined with some other medicine, such as the leptandrine, jalapine, or cassine. I have employed it very successfully in torpid livers and in cutaneous diseases. It operates more kindly when combined with some aromatic, such as clove, ginger, carraway, etc.

The caulophilline is a useful medicine in female complaints, such as amenorrhœa and fluor albus, and in nervous affections. I have been well satisfied with its action in these diseases. The dose, in chronic diseases, is only about one quarter of a grain; in acute, two to four grains. The macrotine seems to act as a parturient quite as well as ergot. I have employed it in two cases, with much better success than was anticipated. I have not used it in a sufficient number of cases to speak of it in so decisive a manner as it is desirable.

If the medical profession would not give up quinine for bark, and morphine for opium, it would seem that no good reason can be assigned why they should not generally prescribe these concentrated medicines. They can very conveniently be kept by the physician, and taken with him by day or by night, or written for, as they are kept at Mr. Burnett's, and, perhaps, at some other shops in the city.

As it respects conservativeness in medicine, like almost all other things, it has its good and its bad side, and the great desideratum is, while avoiding Scylla not to fall into Charybdis—to keep a proper medium. It would as ill become the profession, to run headlong after every new remedy, before its virtues have been properly tested, as to reject it after it has been proved to be valuable. A good physician will “prove all things, and hold fast that which is good.”

*Boston, August, 1853.*

W. M. CORNELL, M. D.

We are glad that Dr. Cornell is willing to use his influence in favor of that which he has proved to be good, as well as to investigate the subject of concentrated preparations. I am confident, if his old school brethren would do likewise, they would be equally pleased with their effect.

N.

## A LECTURE

*On the Indications of Weather, as shown by Animals, Insects, and Plants.* By WM. H. B. THOMAS, of Cincinnati, before the Scientific Convention.

The possibility of fortelling weather has occupied the attention of observers of natural facts from the earliest period of our record; the certainty with which any thing is arrived at on this subject, like all other parts of natural science depends upon the knowledge acquired of those things with which nature has most intimately connected it.

Without indulging in any comment, I will take a few particulars in regard to the different indicators with which nature has supplied us.

When a pair of migratory birds have arrived in the spring, they immediately prepare to build their nest, making a careful reconnoissance of the place, and observing the character of the season that is coming. If it be a windy one they thatch the straw and leaves on the inside of the nest between the twigs and the lining; and if it be very windy, they get pliant twigs and bind the nest firmly to the limbs, securing all the small twigs with their salivas. If they fear the approach of a rainy season, they build their nests so as to be sheltered from the weather. But if a pleasant one, they build in the fair open place, without taking any of those extra precautions. In recording these facts, we have kept duly registered the name of the birds—the time of arrivals in spring—the commencement of nesting—the materials of nest, and its position—the commencement of laying—number of eggs in each nest—commencement of incubation—appearance of young—departure in autumn.

But it is our insects and smaller animals which furnish us with the best means of determining the weather.

We will now take the snails and show the various phenomena they present. These animals do not drink, but imbibe moisture in their bodies during a rain. At regular periods after the rain they exude this moisture from their bodies. We will take for example the *Helix Alternata*. The first fluid exuded is the pure liquid. When this is exhausted, it then changes to a light red, then deep red, then yellow, and lastly to a dark brown. The *Helix* is very careful not to exude more of its moisture than is necessary. It might exude it all at once, but this is not in conformity to its general character, as this would prove too great an exertion. The *Helix alternata* is never seen abroad, except before a rain, when we find it ascending the bark of trees and getting on the leaves.

The *Helix*, *Arborea*, *Indentata*, *Ruderati*, and *Minuta*, are also

seen ascending the stems of plants two days before a rain. The *Helices*, *Clausula*, *Ligera*, *Pennsylvanica* and *Elevata* generally begin to crawl about two days before the rain will descend. They are seen ascending the stems of plants. If it be a long and hard rain they get on the outside. The *Luccinea* have also the same habits, differing only in color of animals, as before the rain it is of a yellow color, while after it is a blue.

The *Helices Solitaria*, *Zaleta*, *Albolabris* and *Thyroideus*, not only show by means of exuding fluids, but by means of pores and protuberances. Before a rain the bodies of *Zaleta* and *Thyroideus* have large tubercles rising from them.

These tubercles commence showing themselves ten days previous to the fall of rain they indicate; at the end of each of these tubercles is a pore. At the time of the fall of the rain these tubercles with their pores opened, are stretched to their utmost to receive the water.

Also, for a few days before a rain, a large and deep indentation appears in the *H. Thyroideus*, beginning on the head between the horns, and ending with the jointure at the shell. The *Helices Solitaria* and *Zaleta*, a few days before a rain crawl to the most exposed hillside, where, if they arrive before the rain descends, they seek some crevice in the rocks, and then close the aperture of the shell with glutinous substance, which, when the rain approaches they dissolve, and are then seen crawling about.

In the *Helix Albolabris*, the tubercles begin to arise after a rain, while before they grow smaller, and at the time of the rain the body of the snail is filled with cavities to receive the moisture.

The *H. Zaleta*, *Thyroideus*, and *Albolabris*, move along at the rate of a mile in forty-four hours. They inhabit the most dense forests, and we regard it as a sure indication of rain to see them moving towards an exposed situation.

The *Helices Appressa*, *Tridentata*, *Falla* and *Paliata*, indicate the weather not only by exuding fluids, but by the color of the animal. After a rain the animal has a very dark appearance, but it grows of a brighter color as the water is expended, while just before the rain it is of a yellowish white color. Also just before a rain, stria are observed to appear from the point of the head to the jointure of the shell. The superior tentacula are striated, and the sides are covered with tubercles. These *Helices* move at the rate of a mile in fourteen days and sixteen hours. If they are observed ascending the cliff it is a sure indication of a rain. They live in the cavities in the side of cliffs.

The *Helix Hirsuta* is of a black color after a rain, but before it is of a brown, tinged with blue around the edges of the animal. The Tentacula are marked by a cross striæ, and there is also to be seen a few days before the rain, an indentation which grows deeper as the rain approaches; this *Helix* also exudes fluids, but not with the changes of color as those before mentioned.

We can also foretell a change of weather by the wasps and other insects.

The leaves of trees are even good barometers : most of them for a short light rain, will turn up to receive their fill of water; but for a long rain, they are so doubled as to conduct the water away.

The Rana, and Bufo, also, are also sure indications of rain, for as they do not drink water but absorb it into their bodies, they are sure to be found out the time they expect rain.

The Locusts and Gryllus are also good indicators of a storm. A few hours before they are to be found under the leaves of trees and in the hollow trunks. We have many times found them thus, but we have never known the instinct of these little fellows to lead them to unnecessary caution.

Prof. Henry in offering a resolution of thanks for the use of the church, remarked that the resolution at first sight seemed to him very simple, but that there really was more in it than first met the eye. Time was when science and infidelity were ranked together, and now the association devoted to science occupied by invitation, a temple consecrated to the worship of the Almighty. Show me a man of science who loves the study of nature and her works, and I will show you a true man—a devout one.

[Cleveland Herald.

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### NATURAL SCIENCES IN COMMON SCHOOLS.

The following is a report presented to the Ohio State Teachers' Association, by F. Merrick, A. M., Professor in Ohio Wesleyan University, Delaware.

Should the natural sciences, Mineralogy, Botany, Zoology, etc. be taught in common schools? In answering this question in the affirmative, I would not be understood as asserting the practicability of giving a thorough knowledge of these several departments of science, in an elementary course of instruction. No one, however, would urge, as a valid reason against teaching a child to spell and read, that a thorough knowledge of language could not be obtained in schools of this grade. The same might be said of almost any other study. These schools are not the place for completing a course of study in any department; they are elementary only. The question is, what studies should be begun here? I would urge that the natural sciences should, whether the pupil passes into a school of a higher grade or not; and I would have them commenced in a very early part of the course. In favor of this, I suggest very briefly a few reasons:

1. It corresponds to the order of nature. Our first knowledge is acquired through the senses. Things attract the attention be-

fore abstract truths ; " what," precedes " how?" and " why?" This is too obvious to require argument or illustration.

2. These subjects are adapted to the tastes and capacities of children. This is, indeed, implied in the preceding proposition, but deserves a separate consideration. It must be borne in mind that I am speaking only of the most obvious facts of natural science—chiefly the names and most common characteristics of things—a new extension of the knowledge acquired by the youngest children. " What is this?" asks the little boy of his mother, as he holds up a shining pebble in his tiny fingers. " A stone," is the reply. He is satisfied. He has a name for the object, and he will not forget it. The question is repeated in reference to a pebble of a very different color and lustre, and he receives the same answer. The little fellow is somewhat puzzled, for he sees they differ in some respects ; but he will be sure to mark some points of agreement, and so good a philosopher is he that when the question is repeated a very few times, he will hardly mistake a chip for a stone. He has taken his first lesson in Mineralogy, and no college senior could have learned it better. Why not let him take another? True, he may not be more than two or three years old, but what of that, if he can keep on. Here he is down by the brook, picking up pebbles. He has collected quite a good cabinet. Here are some round flat ones ; and though almost black he calls them plates. In playing with them the flat stones get scratched. They see well how it was done, and now for a lesson in drawing, until mother must see what pretty marks, or " houses," (as they ludicrously enough call them) her John and Mary can make. " Very pretty," says mother ; " but where did you get your slates?" " O!" says John, " they are stones." " Yes," replies mother, " but there are different kinds of stones and that which you have been marking is called a slate stone." Now look at his eye. See with what a searching look he turns from the slate to the one with which he has been scratching it. He sees that they are not exactly alike, and he marks the difference. No danger of his calling the latter a slate. He called them both stones, but he is now learning that there is a difference between stones ; and he eagerly inquires " what stone is this, as he holds up the little scratcher. " Quartz," is perhaps the reply. The next day, as the children come from the brook, Mary has her apron full of slates," and John has his pockets filled with " quartz;" but his specimens of quartz are any thing which is not slate. Now he has to learn that there are other kinds of stone besides these two. But we must stop or we will make a mineralogist of John before we get him to school. And so we might, with the same ease, make him and his little sister botanists. It is really delightful to see with what interest quite small children will pursue these and kindred studies, and what rapid advancement they will make in them. They readily be-

come familiar with what is addressed to the eye, and remember names with great facility.

3. Another argument in favor of these studies, is their usefulness. They are well calculated to develop the mind; their moral influence is undoubtedly salutary, and the knowledge they afford is highly valuable.

This knowledge is important to persons of all callings—to none more so than the cultivators of the soil, who constitute the great mass of those benefitted by the common schools. They are eminently useful also in furnishing to all an unfailing source of rational enjoyment. He who can read intelligently the book of nature will always find its pages full of inviting truths. Here the pleasant and the useful are most happily blended. Let the youth of our land acquire a relish for scientific studies, and there would be far less demand for sickly romance. Less leisure time would be spent in frivolity and dissipation. Communion with nature would be preferred to trifling gossip. Manly thought and action would often be substituted for idleness and reverie.

The most common objections to the introduction of these studies into common schools, by those who have given attention to the subject, is the want of suitable text books, and teachers qualified, to give instruction in them. Let the demand be made, and teachers will qualify themselves; and, if qualified, text books would hardly be needed. If used, it should always be as far as possible in connection with natural specimens. Every neighborhood furnishes a sufficient variety of plants for elementary study of botany. The same is true, though not to the same extent, of minerals; and when they can not be conveniently collected, they can be obtained by exchange, or at a trifling expense. Small school cabinets, containing most of the common minerals, can be purchased at from one to five dollars.

It may be objected by some, that the general study of the natural sciences in common schools would favor the tendency to materialism, which is at present so widely manifesting itself. There is force in this objection, for much of the materialism of the present age is undoubtedly to be attributed to the engrossing attention which has been given to physical science. This, however, might be prevented by a more truthful, and therefore more scientific, mode of instruction than has usually been adopted. Let the young student of nature learn to recognize in the properties, relations, and laws of natural objects, the exhibitions of wisdom and skill which everywhere abound. Let him understand early the relation of second causes to the centre and source of all causation—the great first cause, let all nature be to him and as it is in fact, a text book on Natural Theology. What God has joined together, let him not be taught to put assunder by studying matter out of its relation to mind; and then no studies will perhaps, be more likely to preserve the mind from the extremes upon which it is always more or less exposed.

## NEW RESEARCHES IN HÆMATOLOGY.

In our last No., p. 215, will be found the conclusions drawn by MM. Becquerel and Rodier from their examinations into the changes produced in the blood in various diseased states, and which they presented in a memoir read before the Academy of Sciences in Paris, on May 31, 1852. We shall now present some of the details of these researches.

The diseases which come under notice in the first part of their memoir are, 1. Anæmia and chlorosis; 2. Bright's disease; 3. Dropsies which appear connected with an alteration in the blood; 4. Organic diseases of the heart; 5. Scurvy. In the second part, they propose to examine the modifications which the blood undergoes; 1, in the phlegmasia; 2, in puerperal diseases; 3, in diseases of the brain; 4, in some other acute diseases.

*Anæmia and Chlorosis.*—In anæmia, the specific gravity of the blood is low (average 1049.93); the red corpuscles are diminished (100.13 instead of 128); the solid constituents of the serum are not changed; the fibrine is increased (3.72 instead of 3). These results were arrived at from the examination of ten individuals. In chlorosis, the quantity of globules was found to vary, in six cases, from 45 per 100 to 109; the fibrine varied from 3.06 to 5.01; albumen was present in its normal proportions.

MM. Becquerel and Rodier lay much stress on the distinction between anæmia and chlorosis. They consider this subject under the head of: 1, causes; 2, mode of development; 3, symptoms; 4, physical signs; 5, composition of the blood; 6, progress and duration of the disease; 7, treatment. The principal distinctive features are the following:—

Chlorosis appears gradually, without apparent relation to any cause; anæmia is the immediate result of some debilitating influence. In chlorosis, nervous symptoms predominate; the skin is of a yellowish-green tint; disturbance of the catamenial function is always present: in anæmia, the nervous symptoms are secondary, and principally consist in debility and lassitude; perverted sensations are rare, and, when they occur, are less intense than in chlorosis; menstrual disorders may be entirely absent (putting aside anæmia resulting from uterine disease); the loss of color in the skin is not generally accompanied by the yellowish-green tint. In chlorosis, there is often a murmur at the base of the heart, accompanying the first sound, and heard along the aorta; this is often absent; but, in anæmia, it is always present. In chlorosis, the venous murmur is more frequent than in anæmia; and musical bruits are much less frequently heard in anæmia than in chlorosis. In chlorosis, the composition of the blood may not be materially changed; and when it is, it



may not be in proportion to the symptoms; in anæmia, the change in the blood is constant, and the intensity of the symptoms is in direct relation with such change. In chlorosis, the quantity of fibrine is generally increased; in anæmia, it is diminished. Chlorosis, when left to itself, is often of long duration; anæmia tends to recovery when the cause is removed. In chlorosis, the principal indication is to give chalybeates; and the secondary indications are, to act on the mental feelings, and to attend to the influences of dwelling, aeration, and food. In anæmia, the principal indication is the removal or diminution of the cause, whenever this is possible; hygienic treatment is next in importance; while quinine and iron are less likely (except when the anæmia results from hemorrhage) to be of service than in chlorosis.

*Bright's Disease.*—In the acute stages (acute congestion of the kidney), MM. Bequerel and Rodier have examined the blood of fifteen persons. The quantity of albumen is diminished, more so as the disease advances; and the specific gravity of the blood decreases in proportion. The extractive and fatty matters are somewhat increased; milky serum was found in two of the cases. This state of the serum they believe not to be due to fat, but to a peculiar condition of the albumen.

In the treatment, general and local bleeding were employed successfully in most of the cases; diuretics are hurtful, by increasing the renal congestion. Vapour-baths seem useful in removing the consecutive dropsy; and cinchona, with a nitrogenous diet, will give strength to the impoverished serum. Chalybeates are perfectly useless.

In the chronic form of Bright's disease, the specific gravity of the blood is lowered from 1060 to 1045.6; the red corpuscles are also diminished; while the fibrine is increased; the albumen is much diminished.

*Dropsies.*—These may depend either on obstacles to the circulation, in which case, there is no necessary change in the blood; or they may arise from a diminution of albumen in the blood. The latter form may be divided into two groups, *cachectic dropsies*, arising from Bright's disease, insufficient food, long-continued losses of blood, as from hemorrhoids, and chronic diarrhœa, cancerous cachexia, and paludal cachexia; and *acute dropsies*, as from suddenly suppressed menstruation, scarlatina, prolonged chills, sleeping on the ground, etc.

In the treatment of cachectic dropsy, the first indication is to remove the cause, when possible. Hemorrhages, fluxes, and diarrhœa may be arrested, or even cured; want of food may be repaired; privations and unhealthy dwellings may be remedied. But in some cases, the removal of the cause is more difficult; for instance, in paludal cachexia, the patient must be withdrawn from the malarious influence, and its effects must be counter-

acted. Sometimes the cause of the dropsy can not be removed, as when hemorrhage depends on an organic disease—cancer, for instance.

Cinchona in various forms, and bitter tonics, especially gentian, are most useful; iron is also indicated when there is much loss of color, and when there are vascular bruits, or when analysis has directly shown a diminution of red particles in the blood. The use of tonics must be continued for some time. Stimulant frictions may be employed; they tend to favor the absorption of the effused fluid in the subcutaneous cellular tissue. If it becomes necessary to treat the dropsy in a direct manner, purgatives are too debilitating; diuretics are not trustworthy: but vapour-baths may be had recourse to with benefit. The hygienic treatment consists in a generous diet, warm clothing, moderate exercise, and habitation in a mild climate. In acute dropsy, if albumen be found in the urine, and there are febrile symptoms, general bleeding almost always reduces the quantity of albumen, and arrests the course of the dropsy. The application of leeches or cupping-glasses to the region of the kidneys is also sometimes of service. To remove the dropsy, purgatives may be used with less inconvenience than in the cachectic form; but dry vapour-baths are preferable. Diuretics are objectionable; stimulant frictions may be employed with benefit. To raise the quantity of albumen, cinchona and bitters are often useful; but, as the diminution of albumen is not so great as in cachectic dropsies, the proper employment of hygienic measures is almost always sufficient to bring it back to its normal proportion.—*Gaz. Med. de Paris*, June, 1852.

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#### ACTION OF LIQUOR POTASSÆ ON THE URINE OF HEALTH.

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If liquor potassæ be taken soon after meals, its action is that of an antacid. It combines with hydrochloric, or with lactic acid, and, then, doubtless, passes into the circulation. What appreciable effect it now produces is not indicated in the tables above given, but it does not increase either the water, solids, or sulphuric acid of the urine. If the liquor potassæ be taken into an empty stomach, it passes unneutralized into the circulation, and, probably, through the veins; in so doing, it must produce an effect on the walls of the capillaries and small veins, but the extent of this cannot be known. As much as dr. ij have been taken with only four ounces of water, without causing epigastric pain or uneasiness (although it produced considerable temporary scalding of the mouth and throat), and without apparently producing any local effects in the stomach. In, usually, from thirty

to ninety minutes after its entrance into the circulation, an increased flow of slightly acid urine occurs, which contains the whole of the potash, organic matter differing considerably from that of ordinary urine, and a relative large proportion of sulphuric acid; the phosphoric acid and the chlorine are less changed. Perhaps an organic acid (not uric, and, probably, not hippuric) is also present. The explanation of these facts is, that an albuminous compound, either in the blood itself, or in the textures, has become oxidized; its sulphur, under the form of sulphuric acid, has united with potash, and, with possibly the changed protein-compound, is poured out from the kidneys. This oxidizing effect of the liquor potassæ is, no doubt, assisted by exercise, and by copious draughts of water; but in the above experiments, exercise and fluid were abstained from, in order not to complicate the results. The amount of albumen or fibrine destroyed by one drachm of liquor potassæ can not be considerable, but if the potash were continued in large quantities, oxidation could probably be pushed to any amount. The nitrate and acetate of potash did not in a *healthy system*, have the same effects.

After the increased flow of urine, the quantity passed per hour falls slightly below the standard. It appears to resume its ordinary composition, but its exact condition at this period has not been determined. Some observations on urine in disease would lead me to infer, that the uric acid will be found to be increased.

Such were the effects of liquor potassæ on the urine. The effect produced on other excretions was not obvious. The skin and the intestines appeared quite unaffected, and as all the potash was found in the urine, the reason of this is easily understood. In most of the experiments there were no subjective symptoms of any kind. On two occasions, there was rather sharp frontal headache, languor, depression, slight lumbar pain, and aching of the legs, after the large flow of urine. On the night of the 15th, when the flow of the urine, which was proceeding at the rate of 3 iss per hour, was augmented in two and a half hours by 3 xiv, and no fluid was supplied to the system, the pulse became perceptibly small (almost thready) and slow; it remained equal and regular—there was no thirst, no shivering, and no nausea; the skin was dry and warm. In six hours the pulse had quite regained its force and frequency, and the other symptoms had disappeared without any fluid having been taken.

After the experiments were concluded, the general health did not appear impaired; it was, if anything, better than usual.

The effect of liquor potassæ on the diseased system is a much more difficult problem. The chemical conditions are not the same, and the effects of the potash are necessarily influenced by them. I will not now enter into this subject, but observe that it is necessary, when its oxidizing effects are desired, to give the pot-

ash eight or ten hours after food, to drink moderate quantities of water, and, if possible, to use exercise. The potash should be given pure, or with large doses of iodide of potassium, but unmixed with sugar. I may so far anticipate what will be hereafter said on this point, by stating that, administered in this way, it exerts a powerful effect on the exudations of inflammations, but appears less useful in the early stages, when an antagonistic force seems to be in action.

It remains to be seen whether the varying excretion of sulphuric acid, which is unaccounted for by diet and exercise, is occasioned by greater or less alkalinity of the blood producing variations in the amount of oxidation of the albuminous compounds.

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### SUPPURATIVE DERIVATION AS A THERAPEUTIC AGENT.

Dr. Hughes Willshire, in a very interesting paper on this subject, read before the Medical Society, London (Dec. 11, 1853), expressed his belief that the use of setons, issue, etc., was not only far less than formerly, but far less than it ought to be, considering the undoubted value of these agents in the alleviation of many disorders. He then passed in review these circumstances which led to the belief that very considerable effect may be exerted upon the deeper-seated tissues, etc., of the body, and consequently upon the functional and lesional aberrations constituting many internal disorders, by natural or artificial derivations to the surface of the frame. It was then shown how, in early periods of the medical art, and in times not long before our own, this belief was practically acted upon, and the important share that "suppurative derivation" was made to assume as a therapeutic agent. Its employment, however, he considered, was getting greatly out of fashion, and he thought that the introduction of anæsthetic agents tended to diminish still further its use, as both the public and the profession were of course the more and more inclined to the adoption alone of what he might term "a painless therapeutic." The author then alluded to several important maladies, in which he regarded the use of setons, issue, etc., as often of very great avail. He particularly mentioned phthisis, in its early stages; epilepsy, in certain of its forms; hypertrophy of the brain, with chronic cerebral congestion in children, etc. Of course, "suppurative derivation," in whatever form induced, could have but slight effect over general systematic aberrations from health, dyscrasies, cachexies, and so on; but he considered that it often excited a very powerful one over the local stasis, etc., in the minute vessels and tissues of visceral and deep seated parts. In

these, the systematic affection often made known its first and sometimes most severe recognizable "manifestations," and which of themselves reacted detrimentally, even fatally, in a sort of reflex way, as it were, upon the frame. At any rate, whatever views might be adopted as to the *modus operandi* of the form of treatment he was discussing, he believed that, practically, it would be found, under its appropriate indications, to be one of those valuable and effective methods of palliation or cure we should not so willingly allow to be forgotten, as we are doing in the progress we are making in some of the departments of clinical medicine. After a pretty full consideration of the physiologic and other reasons for our trust in it, and its practical illustration by references to cases so treated, the author concluded his paper with some remarks on what he designated as the "minor surgery of the matter."—*Lancet*, Dec. 18, 1852.

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### GLOSSITIS—A CASE.

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BY WM. T. PARKER, M. D.

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Mr. N. B., of Camden, O., aged about 45, was attacked about the first of May last with soreness and swelling of the base of the tongue. The disease progressed at a moderate rate for several days, but finally assumed a formidable character. The treatment for some days previous to the 13th May, consisted in applications of cold water to the throat, and "little pills" to the tongue, the prescription of a Homeopathic Professor, who was sent for at a distance of 14 miles. The Doctor, perceiving that the disease pursued an unabated course, was honorable enough, as I was told, to confess that he was unable to prescribe farther with a prospect of success; and he advised the family if they wished for a continuance of professional attendance to employ an Eclectic physician.

In accordance with this advice, I was sent for to visit and prescribe for the patient, if I thought there was still any hopes of his life; for he, as well as his friends, had been led to think he was near his end.

On the 13th, in the evening, when I first saw him, he was still able to walk across the room, although very weak. His pulse was 102 to the minute, full and hard. The powers of speech and deglutition were totally suspended. He had been unable to swallow, even fluids, for the previous 24 hours; and for several days he had been compelled to abstain from solid food.

His bowels had not moved for the last five days; the physician referred to considering it unnecessary to interfere with that function.

The tongue was swollen so as to almost fill the mouth when open to its greatest extent; and was covered with a tenacious white exudation. The surface where this coating was separated was of a bright scarlet color. The breathing through the nose was little, if at all, interfered with.

There was considerable external swelling under the lower jaw, and the sub-maxillary glands were somewhat enlarged. It was impossible to see the tonsils, from the swollen condition of the tongue; but I thought they were not much affected by the disease, or not at all.

*Treatment.*—I should have administered a purgative in the outset, had the patient been able to swallow, but this was impossible; and no syringe could be had within a convenient distance, by which enemata could be administered. I determined therefore to try the effect of strictly local treatment till the next morning, and then, if not successful in opening a passage through the closed pharynx, to take other measures for relieving the bowels.

I directed a bag ten inches long and six inches wide, filled with hops and tansy, to be immersed in a hot solution of soft soap; then to be wrung out and applied around the throat close under the jaw, coming up to the ears on each side; and this to be well covered with flannel. This was to be taken off, wrung out anew, and applied as hot as could be borne, every half hour.

I gave him, for a gargle, our acetous emetic tincture, diluted with three times the same amount of water.

The use of this gargle started an active secretion from the salivary glands, and rapidly diminished the false membrane on the tongue.

This treatment was commenced at 8 o'clock P. M., and at half past 12 the patient was able to drink a glass of water without difficulty, as also to give expression to his opinion of homeopathy!

At 1 o'clock I administered about one grain of podophylline, and directed the dose to be repeated every two hours till it should operate on the bowels; the local treatment to be continued.

In the morning, before I left, the patient was able to take a bowlful of milk gruel, and to enter into conversation with the family. His pulse had fallen to 72, and the tongue was diminished to about one half its former size. I requested him not to talk much, as he still had to make some effort to speak so as to be easily understood; but he would persist in dwelling on the folly of trusting to infinitesimals, when a man's throat was stopped up, and matters were growing worse all the time. As may be supposed, I could not be very peremptory in silencing such sentiments.

The most interesting feature of this case I consider to be this; that the treatment was entirely topical, until the grave features of the case were removed. A simple aromatic fomentation, wet with a hot alkaline fluid, and a relaxing gargle, in a few hours

diminished the swelling about one half, and reduced the pulse 30 beats in a minute ; a result which had not been effected by the boasted powers of cold water and aconite in nearly as many days.

Here was no measure used, which our old school brethren consider eminently antiphlogistic ; neither venesection, leeching, cupping blistering, the application of cold, nor even the operation of a purgative.

I do not wish to intimate that I never employ any of these measures in similar cases, by any means ; because saving the first two, I occasionally resort to them all ; but I make this allusion to show the power of the simple means used, although unaided by the other measures, in such cases commonly employed.

ELYRIA, O., June 3d, 1853.

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## ON THE APPLICATION OF NITRATE OF SILVER IN ACUTE TONSILLITIS.

BY M. HERPIN.

M. Herpin states that he finds the application of nitrate of silver in substance to be a most excellent mode of abridging the duration of acute tonsillitis, preventing suppuration in persons liable to this occurrence. Even in the most intense cases, accompanied by great febrile action, he has not had to make more than three applications. If suppuration has already occurred, the application is of less avail, and is then, on account of the closure of the jaws, often impracticable. The application must be carefully and methodically made opposite a window. If the velum is inflamed, it should be touched in passing from one tonsil to another, as also may the uvula, but as a spasm of the fauces is often then induced, this should be left to the last. If the application is made within the first twenty-four hours, a single one often suffices : and this happens in persons who are liable to relapse of this affection, and have already derived benefit from the caustic. If seen later, two applications at the interval of a day, or even three, are required, although the first at once checks the progress of the disease. More than twenty four hours should never be allowed to elapse between the applications. Since he first recommended this practice, many of M. Herpin's colleagues at Geneva have adopted it, and with the best effects, in securing the rapid dispersion of a disagreeable though not a dangerous disease.

## DIFFERENT MODES OF ARRESTING HEMORRHAGE FROM THE EXTRACTION OF TEETH.

BY BENJAMIN WOOD. M. D., NASHVILLE, TENN.

Dr. A. Saltonstall, of Columbus, Miss., reports a case (*Am. Jour. of Dental Science*, Oct., 1852,) of hemorrhage from the extraction of a tooth, which, having resisted the usual means—*astringents, escharotics and compression*—was arrested by an artificial fixture acting both as compress and actual cautery. He “took a piece of pure silver plate, and cut it in shape to fit between the teeth and cover the lips of the orifice about the eighth of an inch on each side. This was bent to fit the parts, and heated to a white heat, and suddenly applied to the place, where it remained several days. When it was removed the coagulum came away with it. The orifice was examined, and a very delicate covering, resembling tissue paper, had formed over it.”

Dr. Levison, of England, in an article published about a year ago, says, that in cases of excessive hemorrhage, where the ordinary *styptics* can not be depended upon. “we may arrest the dangerous hemorrhagic flow with certainty by destroying the vessels with the bi-chloride of zinc,” and gives cases where this agent, as a last resort, had been successful in his hands. In alveolar hemorrhage, pieces of cotton dipped into the bi-chloride were forced down to the alveolar cavities. It was attended, however, with great pain.

It may be remarked that in some cases where success is ascribed to the last remedy employed, the result may have been owing to a natural stasis of blood from exhaustion of the patient; such hemorrhages sometimes continuing for hours, until after fainting and then ceasing altogether without any intervention. An interesting case of this kind was related to us a few years ago by a reliable lady, who was herself the subject. The bleeding had continued, with but occasional and partial intermissions, for three days. On the night of the third it ceased, and she retired, but about midnight she was awakened by a renewed flow of blood. Exhausted by the loss of blood and sleep, she merely arranged a wash-bowl upon a chair, so as to receive the blood as it flowed from her mouth, and with her head supported by a pillow, she soon fell asleep. In this position she was found early the next morning, in a state of unconsciousness. The bleeding had effectually ceased.

It is fortunate that these cases rarely occur. We have had but few that were troublesome. Besides the use of nitrate of silver (which as a *styptic* we have found more reliable than anything else that we have used), and the application of pressure, we have, in two or three instances, resorted to partial torsion of the blood



vessels at the bottom of the alveolar cells. This depends upon the principle that the mouths of the vessels contract more readily when lacerated than when divided with a smooth cut, or broken short off, as may happen in extracting a tooth, and that mechanical irritation has a tendency to induce contraction. The *modus operandi* (as we received it while under pupilage, from our brother, Dr. J. S. Wood) consists in passing a stylet, or an ordinary excavator of the proper shape, to the bottom of the socket, until a twinge of pain is felt, and then giving the instrument a sudden turn, so as to twist or lacerate the artery—its situation being indicated by the impression made upon the nerve which it accompanies.

We know of but one instance, in this vicinity, of death having occurred in consequence of the kind of hemorrhage under notice. This was in Russellville, Ky., about two years ago. The patient's tooth was broken in extracting, leaving a portion of the fang which could not be gotten out. Pressure, as well as styptics, etc., was tried, but without arresting the hemorrhage, the man dying, according to the recollection of our informant, in about fifteen hours after the operation. We would like very much to be favored with a report of the case in full.

In case a tooth is broken and the bleeding proceeds from the pulp cavity or nerve canal, the obvious means of arresting it would be to plug the orifice with a metallic or wood stopping. A hickory peg or silver would perhaps be as good as anything. If the orifice be too small to receive a stopping, it should be enlarged by means of a drill.

*Pressure* applied directly to the bleeding vessels, and retained in its place is reliable in such cases of hemorrhage; but there is sometimes considerable difficulty experienced in its application. A ready and effectual means is to roll up pellets of cotton firmly in the fingers, of a size to suit the alveolar cells, and introduce them with considerable force, notwithstanding it be attended with considerable pain, as it always is, we believe, when the hemorrhage has continued for some time. They may be wet with some styptic solution, or coated with powdered lunar caustic. After the first pellet has been introduced, we usually fill the remainder of the cavity with one of a larger size, and if it be a molar tooth with two or three bi-furcations, cover the whole with a third, sufficiently large for the purpose, but no larger, crowding the edges under the margins of the gums, which, in ordinary conditions, where the blood possesses its due amount of fibrin, and is of a plastic character, will be found to adhere to the cotton with sufficient tenacity to retain it in its place. It will be safest to let this stopping remain until loosened by the suppurative process. If not thrown off, however, or removed in the course of a few days, the pellets thus introduced are apt to prove the source of great suffering in the sockets, bespeaking the inflammatory action preparatory to suppuration; but when this occurs we think they may be removed at once, regarding it as evidence that active reparation has commenced.

The "waxed cones" recommended by Dr. B. B. Brown, which are made by cutting a piece of linen previously coated by melted bees-wax, into tapering strips, and rolling these in a form to suit the sockets to which they are to be applied, may be used to great advantage in many cases.—*Southern Journal of Medical and Physical Sciences.*

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## CHLOROFORM IN A CASE OF INFANTILE CONVULSIONS.

BY C. W. WILLIAMSON, M. R. C. S. L., ETC., MANCHESTER.

Since it is important that all examples of the application of a new remedy should be placed on record whether the result has been successful or not, the following case, in which a young infant was kept under the influence of chloroform for a period of sixty hours, merits publication.

Mrs. R—— was confined of a fine male child, March 19th. Some little time after her confinement both her breasts became the seats of mammary abscess, hence the infant was compelled to have recourse to artificial food, which, however, did not appear to disagree with it. On Friday morning, April 29, it was seized with a slight convulsion, which recurred on the evening of the same day, and during the three subsequent days it suffered from three to four fits daily, each attack continuing about twenty minutes. The fits gradually became more severe; some continued three or four hours without remission, though not very violent; others, which usually woke him up from sleep, when he uttered a sharp scream, were much more severe, though of shorter duration. Of these latter ones the child appeared to have an instinctive dread. Ultimately the fits were unceasingly present whenever the child was awake. During the first two or three days the child's bowels were a little confined, and afterwards the motions became rather slimy and greenish, but no obvious source of irritation could be detected. There was no feverishness or heat of head, except during the more violent fits, and even then the scalp was less hot than might have been anticipated at the commencement. The fontanelle was neither raised nor depressed, but towards the end of the convulsive attacks it became decidedly depressed.

The congestion and lividity produced by the fits gradually increased, and, owing to the difficulty of giving nourishment, the child soon began to lose flesh. The quick succession of the convulsions made it impossible sometimes to give food for twelve hours together.

A leech was applied to the temple, warm baths employed, mild alterative doses of mercury, with chalk and ipecacuanha powder, administered internally, along with other remedies calculated to allay irritation and remove any irritant likely to be lodged in the bowels ; but none of these remedies appeared to have the slightest influence either for better or worse. Under these circumstances, since the child was rapidly sinking, Dr. Bardsley and myself determined to have recourse to chloroform. I commenced the use of it at 9 o'clock on the evening of Friday, May 8th. The child was then in a violent convulsion, which had continued for several hours. I folded a thin muslin handkerchief into a hollow funnel-shaped form, and after dropping half a drachm of chloroform into the hollow cavity, I inverted it over the nose of the convulsed infant, holding it about an inch from the face, so as to allow a free current of air to reach the respiratory organs. In about two minutes the convulsion gave way, and the child went to sleep. The effect of the chloroform passed off in a few minutes, when it was again applied, and thus the child was kept quiet for some hours.

I soon found that by slightly releasing the infant from the influence of the chloroform, but without allowing the convulsions to regain their power, it was possible to give a supply of food, which was swallowed eagerly and with great facility. This alone was an important advantage gained from the chloroform, since previous to its administration the child was obviously sinking from inanition.

For some hours I administered the chloroform myself, but afterwards entrusted it to an intelligent nurse, who was instructed to apply it the moment the child exhibited any movements indicating returning consciousness. This treatment was continued without a moment's interruption, until 9 o'clock on the subsequent Monday, when the use of the chloroform was suspended, the infant having been under its influence sixty hours, sixteen ounces having been used. Its appearance was now decidedly improved ; its flesh was more firm, and the sunken eye and livid countenance were exchanged for a much more healthy aspect. The convulsions exhibited no disposition to return, and up to the present period (May 30) the infant has enjoyed perfect health.

In this case I have not the slightest doubt that the chloroform was instrumental in saving the patient's life ; I can scarcely conceive recovery to have been possible without its aid. No injurious effects, however trivial, appeared to accrue from its use, and I am satisfied that, if necessary, we could have employed it for a much longer period without evil consequences.

It is of course important to ascertain to what class of convulsive attacks this new remedy is applicable. In the present instance, though the condition of the patient was masked at its commencement, in its latter stages the disease assumed the adynamic type. It is obviously in such cases that we should be most likely to obtain benefit from the combination of the stimulating and sedative

properties of the anæsthetic agent. It is a curious circumstance that such a modified use of it as allowed of the action of the muscles of deglutition, was nevertheless sufficient to control the convulsions. —*London Lancet.*

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### ON OIL OF MALE-FERN AS A VERMIFUGE.

(1. *Edinburgh Monthly Journal of Medical Sciences*, June. 2. *The Lancet*, Aug. 14th and 21st.)

[The question of the oil of male-fern as a vermifuge is discussed in the "Colloquia de Omnibus Rebus;" it is also illustrated by two cases in which the remedy was employed therapeutically, the one by Dr. Gull, the other by Mr. Molloy.

1. In the "Colloquia" the subject is thus managed:]

"*Chemicus.* I should scarcely be thankful for a new anthelmintic against tænia. We are well provided already, what with oil of turpentine, and pomegranate bark, and this Abyssinian kousso.

"*Medicus.* Once lately the kousso completely failed in my hands; and I have been rather inclined to take up the *Male Shield-Fern*, though a very ancient vermifuge. It is, I think, about five-and-twenty years since Peschier of Geneva mentioned that it scarcely ever failed in his hands, when given in the form of an ethereal extract; that he and a friend had cured several hundred cases with this preparation, and had not met with a single failure. But, unfortunately for the male shield-fern, it was not a new remedy; it has been known since the days of Dioscorides, who tells that a dose of four drachms of it 'drives out the broad worm;' and besides, it grows at every man's door. And, therefore, while hundreds make use of the pomegranate bark and of kousso, because they are foreign, and modern, and costly, no one, to my knowledge, has tried Peschier's *Oleo-resine de Fougere* in this quarter, except myself and you, Mr. Editor.

"*Editor.* It failed lately in my hands in the man I sent to you.

"*Medicus.* Wait till I tell you what befel that case. Some four or, perhaps, five years ago, I gave the oleo-resin to a young woman in the Clinical Ward of the Royal Infirmary, who had been long ill, and in a few hours she discharged many feet of a strong tape worm in one mass. She was kept subsequently fourteen days in the hospital, in good health, and passing no more joints; which previously she used to part with every two days or so. Soon afterward I was consulted in the case of a Glasgow gentleman, who had taken sundry remedies there without avail. A single dose of the oleo-resin brought away a mass of tænia; but the joints soon reappeared, and he was eventually cured by repeated

doses of oil of turpentine. In this case, however, the ethereal extract was prepared not under my own eye, as in the former instance, but by a druggist; and I doubt whether the precautions for obtaining a sound preparation were fully known or attended to. Very recently a man was received into the Clinical Ward of the Infirmary, who had labored under *tænia* for five years, and been repeatedly treated with various remedies without avail. He had often taken turpentine; and on one occasion he got the commercial oleo-resin of male shield-fern from you, Mr. Editor—for this is the case you referred to. After these remedies he continued to pass one or two single joints almost daily, as he had always done. I first gave him half an ounce of kousso. No perceptible effect ensued—he passed his single joints as usual. In a week I gave him a decoction of two ounces of the pomegranate-root bark of the shops, according to the original directions of Mr. Breton. Still no effect resulted. Meanwhile I was preparing the oleo-resin of fern; and in a week more I gave him twenty-four grains of it. In a few hours he discharged six feet of a strong tapeworm without any purgative, and unaccompanied by any *fæces*; and in some hours more he passed other eighteen inches after a purgative. Both portions were evidently very fresh. After that no joints appeared in the discharges, and he has now been eight days free of them. By a singular coincidence—for *tænia* is a rare disease in Edinburgh—another case was admitted in a few days after the last. This patient had been three years ill. He had often passed single joints, and about a month before admission nearly eighteen inches in one line. But he never discharged any mass of continuous joints after any of the numerous unknown remedies he had taken. He got twenty-two grains of the same oleo-resin as the last patient; and soon after taking a subsequent laxative he passed six feet of a more slender and softer worm than the last patient. For a few days he continued to pass some joints, which had partially undergone digestion; but these soon disappeared.

*“Obstetricus.* Where did you get your root? What precautions were used in preparing the extract?

*“Medicus.* It may be got in any bosky dell about Edinburgh, or in wide Scotland. The extract used in the last two cases was made from plants obtained in Pittencrieff Glen, under the ruinous cloisters of Dunfermline Abbey. The plants for the first case were gathered on classic ground—in Ormiston-hill Glen, the rural retreat of our Cullen, where may still be seen the ruins of box-trees, holly, and arbor-vitæ, planted by his hands, the banks carpeted with saxifrage and periwinkle of his nursing, and on the old garden walls the crumbling vestiges of quaint inscriptions—from which it might seem as if idleness and delving had been the sole occupation of his whole life.

*“Editor.* Whereabouts is this? How might a humble pilgrim visit such a sanctuary?

"*Chemicus*. A quarter of a mile west of the Kirknewton station on the Caledonian Railway, and within a good stone-cast from the embankment, at a farm-steading, you will easily find the lower end of the glen. It is a lovely spot. There is no fence. Nor does the property belong to his Grace of Atholl.

"*Medicus*. Here, as in other localities, the female fern, *Athyrium Filix-femina*, grows often close beside the medicinal species, *Lastræ Filix-mas*.

"*Chirurgus*. What is that? When I was a student, and attended three courses of Dr. Rutherford's prelections upon botany, five-and-thirty years ago, I knew all common ferns in Scotland; but I never heard of that one. There was a *Polypodium Filix-mas* in those days.

"*Chemicus*. But there is no longer. It has been extirpated. The *Aspidium Filix-mas* took its place; but that is extinct too. The *Nephrodium Filix-mas* succeeded it, and even that also is defunct. Now we have got *Medicus's* plant, *Lastræ Filix-mas*, but how long we shall be allowed to keep it not even Dr. Balfour can say. It is lucky, however, while nomenclaturists have been committing such fearful havoc upon British botany, that the male shield-fern presents to us the very same external characters, and the identical therapeutic properties, which it did to Dioscorides two thousand years ago. Is there never to be any protection against this perpetual reform of botanical jargon?

"*Medicus*. Not in our days. There is scarce a medical plant that has not had three or four names in my time.

"I was observing, that the female fern often grows alongside the male shield-fern. But the latter is easily distinguished from every species that resembles it, by the fronds, which are attached in the withered state even at this period of the year, being simply pinnate, not compoundly so. Peschier limits the season for collecting the root to the period from May to September inclusive, when the herb is growing or fully developed. I have always found it quite active enough in March; so that it is probably serviceable at all seasons. The fresh portions only of the root-stock and frond bases should be used. These should be cut in pieces, and dried at a temperature not much above 140 deg. F., and best of all in a hot-air press. Peschier says the dried root loses its virtue in a twelvemonth. I have always used it newly dried. Being triturated not very finely, and packed rather loosely in a percolator, it is to be exhausted by sulphuric ether in the way of displacement. The greater part of the ether is then distilled off, and what little is left, to prevent risk of injury from too high a heat, is best expelled by exposing the residue to a vapor-bath temperature for a few minutes, in an open basin of glass or porcelain. I have lately found in the shops an article from London, which obviously retains a good deal of ether; but this is wrong, for there is no regulating the dose with such a preparation; and there is no excuse for so slovenly a proceeding.

The oleo-resin which remains should be a sluggish syrupy fluid, opaque, dark-green, smelling not unlike orris-root, and possessed of a strong bitter and slight orris-like flavor. I have given it usually in emulsion, by triturating from eighteen to twenty-four grains with yolk of egg, and adding gradually syrup of orange and water. The worm comes away in a few hours, sometimes without any other means being used, but more generally not till the operation of a brisk laxative."

2. [Dr. Gull's case was one of *Bothriocephalus latus* in an English child, which had never lived out of this country; and therefore an interest attaches to it from the rarity of the worm as well as from the treatment pursued. It is as follows:]

"Susan G——, aged five years, came under my notice first in December, 1851, for tape-worm. Her mother brought with her a portion of worm the child had recently voided, and which, to my surprise, was a considerable length of the *bothriocephalus latus*. Being anxious to investigate the case further, I declined ordering any medicine, unless she was admitted into the children's ward. This the mother, at the time, objected to; but subsequently the child was admitted under my care, on the 20th of February, 1852. Careful inquiry was made of the child's birth-place, and where it had lived, and her statements never varied from those contained in the following report by Mr. Chaplin, the clinical clerk:

"She lives at Woolwich, and the mother gives the following account of her. At the age of eighteen months, having then been weaned more than half a year, she became very ill, with feverish symptoms and cough. Her ailment was so severe that it was thought she would die; but after having passed a quantity of tape-worm, rolled up into a mass of the size of the bowl of a tobacco-pipe, she began to recover. Since that time she has had several similar attacks, becoming feverish and fretful, with loss of appetite, etc., and soon after passed a portion of the worm, upon which the symptoms have subsided. These attacks came on, at first, at intervals of some months, but lately they have been more frequent. She passed the last portion about a week ago, having previously suffered in the usual way, described above. The several pieces of worm which the mother had collected, and brought with her, measured thirteen feet. The parents of the child are English, and neither of them has ever been abroad, the limit of their farthest excursions from home being Gravesend. The mother was born at Poplar, the father at Woolwich, where he works as a smith. His occupations have sometimes taken him on board foreign vessels. They have no foreign friends, nor friends residing on the continent, from whom they could have received any presents. The child was born at Limehouse, and lived there with its parents for some time, and during that period the family probably used the water of the New River Company. Whilst living at Woolwich, they have obtained it from the Kent Waterworks. On admission, the child

was pale, rather dull, and feverish; bowels confined; pulse natural; tongue clean and pale; abdomen large and hard. Ordered ten grains of jalap and mercury powder to be taken at bedtime.

"23d.—The bowels have not yet been acted upon. Repeat powder. 25th.—Powder produced a copious evacuation, but no portion of worm expelled. Ordered the following mixture: Magnesia and sulphate of magnesia, a dessert-spoonful three times a day. 28th.—The bowels have continued to act freely, but no portion of worm has passed. Ordered the following draught: Oil of male fern, one drachm and a half; acacia mixture, two drachms; distilled water, one ounce and a half, to be taken early the following morning. 29th.—The draught was administered at seven o'clock this morning, and produced slight sickness, but only a small part was returned. At one o'clock the bowels acted forcibly, accompanied with a good deal of straining. The worm, measuring seventeen feet, and including the head, was expelled entire. The child suffered no inconvenience from the medicine in any way, and the following morning seemed well.

"The interest attaching to this case is peculiar, from the species of worm, the early age of its locating itself in the child, and the satisfactory effects of the oil of male fern.

"In our present state of knowledge respecting intestinal worms, every fact connected with their history deserves to be recorded. The occurrence of the *bothriocephalus latus*, in persons who have not lived out of England, is rare. Professor Owen states, that in looking over the collection made by a celebrated worm doctor in Long Acre, he found three specimens of this worm; two of these had come from persons who had been in Switzerland, of the third no authentic account could be given. In a conversation with him on the case here recorded, he remarked that a seaport was just the locality in which we might expect to meet with anomalies in geographical distribution of intestinal worms, since their ova might be deposited in various ways, in such localities, by persons who traded thither, and that it was surprising their occurrence was so rare. To which I may add, that when we consider the fertility of these creatures, and the possibility of Russian sailors being infested with them, we may indeed wonder that they have not been imported amongst us; and the fact that they have not been prevalent, suggests that they are more dependent upon external conditions of soil and the like, than upon the human body itself; for we can hardly suppose that the intestinal secretions of a Russian or Swiss are more favorable to the existence of a *bothriocephalus latus*, than are those of an Englishman.

"The circumstances under which these creatures exist out of the body are yet unknown; but their restriction to certain localities, and the changes of form which some of this class undergo, render it probable that we may yet recognise them under some other form in the water of the places where they occur. With such views,



we can well understand why the tape-worm of one locality should not prevail in another, and also why, where a solitary exception is found, it should be in a place having communication with foreign countries.

"The extreme fertility of the bothrioccephalus will be understood, by considering that each foot of the well-developed worm contains about 150 segments or joints, that each joint possesses its own ovary and male organs. Hence each joint is fertile; and as each ovary would produce 8000 ova, according to as careful a calculation as possible, ten feet of such a worm would produce 12,000,000 of ova. I have taken every means of examining the head of this specimen, but can find no trace of a terminal pore, by which it could imbibe nourishment, nor any signs of vessels by which the intestinal fluids, if so taken up, could be distributed. It seems probable that these animals nourish themselves as the algæ do, by absorbing the fluids in which they are immersed by the whole surface of their bodies—a view which I think I am at liberty to say is thought by Professor Owen to be not improbable."

3. [Mr. Molloy's case was one of ordinary *tænia*. It is thus told:]

"A. W—, an iron-moulder by trade, living in Lambeth, had long been troubled with tape-worm; for the last three or four months, indeed, the symptoms had become so annoying, that he was frequently compelled to leave off work for a time, to remove the joints from the anus, as well as those which had accumulated in his trousers. On the 5th of July I directed him to take, on retiring to bed, a powder composed of four grains of calomel and two of ipecacuanha, together with a strong draught of concentrated compound aloes decoction; at six o'clock, on the following morning, he had a drachm of fern oil, obtained from Morson's. By the action of the draught and powder, a copious evacuation took place at four A. M., bringing away a large quantity of joints and other *debris* of the worm; and at twelve at noon, just six hours after taking the oil, the whole of the worm was expelled. It measured more than two yards in length, was very perfect, and had twisted itself into two knots; the first eight inches below the head was remarkably complicated, and cost me some time and patience to unravel; the second, eighteen inches lower down, presented nothing peculiar."

## INCONTINENCE OF URINE.—(ENEURESIS.)

BY J. KING, M. D.

It is only for those cases in children and adults, arising from a debility of the urinary organs, produced by improper food or drink, or over exercise, straining or relaxing the parts, that I wish to lay down a mode of treatment which has been almost invariably successful.

In a majority of cases to which I have attended, the *isinglass* mixture has proved effectual; it is a pleasant remedy, and well worthy a trial in every instance. It will likewise be found very beneficial in incontinence following severe rheumatic or gouty affections.

**R** Take of isinglass (*long staple*) one roll; boil it in one pint of water until it is dissolved; then strain, and add one pint of sweet milk, put it again over the fire, and let it 'just boil up;' then sweeten with loaf sugar, and grate nutmeg upon it. When made, it very much resembles custard.

**Dose**—For an adult, a half-pint or a tumblerful three or four times a day. I have known this mixture to prove serviceable in many cases where all other medicines had produced no good effect whatever.

Should the above fail, which, by the bye, will be found a very rare circumstance, the following *diuretic compound* will be of efficacy:

**R**      Root of Queen of the Meadow, (*Spiræa Ulmaria*)  
           Bark of Dwarf Elder root, (*Sambucus Ebulus*).  
           Marsh Mallow root, (*Althæa Officinalis*).  
           Mountain Pink, (the herb,) (*Epigæa Repens*.)

Of each, coarsely powdered, one ounce. Steep the compound in four pints of soft water for about four hours, then add four pints of good Holland gin, heat it till it boils, and when cold sweeten with honey.

This compound will also be found useful in all urinary difficulties, as suppression, heat, high color, difficulty in urinating, gravel, urethritis, etc.

**Dose**—In severe cases a wineglassful every hour until relief is obtained, after which, and also in mild cases, a wineglassful three or four times a day.

In connexion with the above compound, a strong tea of the following articles should be drunk freely:

**R**      Beth root, (*Trillium Latifolium*).  
           Bayberry bark, (*Myrica Cerifera*).  
           Wild Cherry bark, (*Prunus Virginiana*.)

Of each, equal parts. If, as is sometimes the case, the complaint is occasioned by a check of perspiration, a *rum sweat* in addition, will be found beneficial.

In children, this symptom is often the result of habit or carelessness, in not being made to urinate immediately before going to bed; it will, therefore, be necessary to attend to this, and also to awaken the child at stated intervals through the night, for the purpose of evacuating the bladder. In some cases it may be found that the urine is passed during sleep while in one particular position, as for instance, on the back—by changing this position, some benefit may, at times result.

Where children are in the habit of taking suppers, very little fluid should be allowed them, and tea and coffee must be abstained from, even for some time after a cure has been effected. The *diet* should be as recommended by Dr. Beach, principally boiled milk and wheat flour, with a little nutmeg and cinnamon sprinkled on it. In some cases a stimulating adhesive plaster applied from the small of the back to the sacrum, will be found a valuable auxiliary.

Young girls are often afflicted with this complaint, which continues from year to year, in spite of all means used to remove it, and it is seldom that the physician is aware of the real cause of the affliction. Upon inquiry it will be found that there is pain in the hips and thighs, a dragging, heavy feeling internally, as if a weight were pressing downwards, a weakness in the small of the back, with more or less tenderness of the spine, on pressure; costiveness is apt to attend. I have found these symptoms in young females subject to enuresis, as early as at the age of four years.

If this complaint is not cured at the age of fourteen, or when that change in the system, peculiar to females, ought to take place, we will find the patient afflicted with various pains; chlorosis, or dysmenorrhea, etc.; and many young girls die about this age, with what their physicians generally call "consumption," for want of a more correct name.

The cause of the incontinence in these instances, is a diseased condition of the uterus, as engorgement, which is not apt to be suspected in such young children, but which, nevertheless, is the case. The uterus enlarging, and sometimes slightly prolapsing, presses upon and irritates the bladder, effecting finally a debility or paralysis of the organ, from which results the incontinence, and often other disagreeable symptoms. Such patients ought to be placed under the care of some physician who knows how to treat them properly, for if tampered with by nitre, cantharides, mercury, etc., not only serious, but often fatal results may ensue. There is but one correct method of treating this form of disease—and none but a physician should undertake it.

N. B.—In enuresis, physicians advise the introduction of a bougie into the bladder, with or without its point being coated; some advise the application of caustic, etc.; this is all nonsense, and arises from an ignorance of the cause of the disease—and though a cure may be effected by such means in a few cases, they will be found much more often dangerous than beneficial.

## CONVULSIONS. OR FITS OF CHILDREN.

BY J. KING, M. D.

THE brain and nervous system of an infant, especially previous to its third year, owing to their immaturity and delicacy of structure, are extremely liable to a derangement of the polarity of the former, and of the conducting qualities of the latter, from which convulsions, lock jaw, and many nervous affections will readily ensue, in many instances, on the application of the slightest exciting causes.

It has been supposed by many medical men, that in children who are subject to convulsions there must be a peculiarity of constitution, which may have been transmitted from their progenitors, who were themselves when young similarly disposed; to a certain extent this may be correct, for we find that in nearly all cases of disease, the peculiarity of the formation and constituent properties of any organ or organs, and their relation with the blood, gives rise to the particular character, location and form of disease to which every individual is predisposed. Hence, the exciting causes which would produce convulsions in one child, may cause pneumonia, or hydrocephalus, in another, while a third would remain unaffected.

Convulsions will at times attack nearly all the children of a family from parents who were always exempt from them. This is more particularly the case, where a strumous diathesis exists in one or both of the parents, or where they have injured their nervous powers by excesses, debaucheries, intemperance, &c. Excesses during pregnancy are almost certain to injure the offspring, and render it liable to this form of disease.

Certain indications have been laid down by authors, from which may be recognized the disposition of children to those forms of disease, termed nervous, and particularly convulsions,—as excessive development of the brain, precocious intelligence, blushing and turning suddenly pale and under the influence of the most trifling causes, &c.,—but very little dependence, however, can be placed upon them. Perhaps, a bright, active eye, a dull, or glassy eye, with an expression of vacancy or anxiety, are present where convulsions have already manifested themselves, and a habit of starting during sleep, joined to a strumous disposition, may in many instances be indications,—but, nothing positive can be laid down, as all children will suffer from convulsions whenever any circumstances exist sufficient to derange the polarity of the brain.

The most frequent exciting causes of convulsions, among children, are, teething, worms, acrid matter in the stomach and intes-

tines; falls or blows on the head, flatulence, recession of the eruption of rash, measles, small-pox, &c., sudden emotions of the mind, &c

In the course of my practice, I have attended over one hundred cases of infantile convulsions, six among whom were my own children, and by pursuing the course I am about to describe, I have lost but three cases.

My oldest child when thirteen months old, was bled, during my absence, for convulsion; a teaspoonful of blood was taken from her, in consequence of which she died on the following night; the rest, being attended by myself, recovered. A celebrated medical writer observes: "In those, for example, who are predisposed by organization to convulsions, and in whom they are induced by some irritating cause, depletion could scarcely fail to add to the liability. Moreover, it has been before observed, that convulsions may be induced—like coma—by loss of blood; and, that from opposite pathological states, we may have the same disordered actions induced. Under such circumstances, the most careful attention is demanded on the part of the practitioner to decide, whether he has to combat a polyemic (*plethoric* or *fullness*.) or anæmic (*d. bility* or *privation of blood*.) condition of the encephalic vessels, (*of the head*.")

N. B. During the period of dentition, if the child becomes fretful and restless, with irregular and capricious appetite, continual rubbing of the nose and eyes, considerable fever through the night, with hard and somewhat swollen abdomen, both of which disappear as sunrise approaches, startings during sleep with heavy or difficult breathing, and a slight dilation of the pupil of the eye on awakening in the morning, attended with a heaviness or dulness of this organ, it may, as a general rule, be certainly known that if proper attention is not bestowed upon him, he will very shortly, or in a day or two be attacked with convulsions.

The treatment of this disease, must vary according to the exciting causes, when they can be ascertained. If it arises from teething, the child must be placed as soon as possible in a warm bath; but as some time may elapse before this can be prepared, the *anti-spasmodic tincture*, the recipe for which is appended, must be given in doses of from 15 to 20 drops for a child a year old, and repeated in ten minutes if the fit does not cease. In a majority of cases, the first dose breaks the fit immediately. As soon as the fit ceases, and after having employed the bath, apply *mustard poultices* to the feet, and as soon as convenient, administer some physic; the *ento-zoic powder*, (*formula appended*.) is decidedly the best, as should worms be present, it counteracts their pernicious effects. The gums should also be cut down to the advancing tooth, as soon as possible, by one who is well skilled. I am aware that many persons are opposed to cutting the gums, but I have always found it the best course to pursue; it allays the irritation, and of course,

lessens the disposition to return to the fit; and has in many instances been the means of saving the child.

There is no foundation for the common idea that cutting the gums may destroy the child by bleeding to death; as this can only happen in a hemorrhagic habit, where there is a great deficiency of fibrin, and which is a very rare circumstance;—or when some bungler not acquainted with his business should operate in an unskilful manner.

The after treatment should be gentle laxatives every other day, and tonics; the following tonic tincture will be found useful.

R            Gentian Root,  
              Golden Seal,  
              Balmony, of each, in powder, one drachm,  
              Cardamon seeds,  
              Sassafras Bark,  
              Prickley Ash berries, of each, bruised, half a drachm,  
              Good Cognac Brandy, half a pint.

Let them stand a few days, and give from half to a teaspoonful, in sweetened water, three times a day.

When the disease depends upon worms, some salt and water may be given as soon as the child can drink, and adopt the same course as above; the following *injection* must be given as soon as it can be made, and repeated at intervals of two or three hours; boil together, balmony, one ounce, mandrake, two drachms, asafœtida, one drachm, water, one pint; add a gill of molasses, and a tablespoonful of salt.

When the fit originates from acrid, irritating substances in the stomach, as unripe fruit, &c., the *antispasmodic tincture* must be given; the following *injection* must also be administered every 15 or 20 minutes; a strong decoction of two parts boneset, and one part senna, to every pint of which add a tablespoonful of salt and a teaspoonful, each, of powdered bayberry bark, and lobelia leaves. Cloths wet with as warm water as can be borne, must be constantly applied over the stomach, and bowels, and changed often; and *mustard poultices* to the feet. This course must be perseveringly pursued until the termination of the fit, without in the least changing or altering the treatment, even if the convulsions should wholly or partially continue for several hours.

When convulsions appear, and the cause is unknown, they should be treated by first administering the *antispasmodic tincture*, until they cease, or until the child can be made to swallow; for the sooner we destroy the convulsions, the less is the danger to be apprehended. As soon as the child can swallow, administer the expectorant tincture in doses to produce vomiting; (*formula appended*) after which the above asafœtida injection must be given, and mustard poultices applied to the feet. In all cases where there is an accumulation of mucous or phlegm, give the *expectorant tincture*, as soon as possible.

If there is a constant and rapid succession of convulsions, cloths must be applied, as above mentioned, over the stomach and bowels; the injections must be repeated, one at least, in every twenty minutes, and the *antispasmodic tincture* must be given every 10 or 15 minutes, or every half hour, as may be required, and cold water and vinegar applied to the head. This is a very active form of disease, and must be treated actively and with energy, never desponding or ceasing while life exists. I have in some cases had to continue the above course for 18 to 24 hours before gaining the least apparent advantage over the disease; in the great majority of cases however, in from 30 minutes to an hour, the child is safe, and free from convulsions.

In all cases of convulsions, after vomiting, if the fit has ceased, a purgative must always be administered; the *entozoic powder* is the best, and answers a twofold purpose, as a purge, and as a vermifuge, should worms exist in the bowels, and which may be employed for several days afterwards; after which give tonics. If this powder cannot be administered, the common *antibilious physic* will answer.

When convulsions occur from a recession, or "striking in," of the eruption of measles, scarlet fever, &c, in addition to the above treatment, perspiration must be produced and maintained by the diaphoretic powders, and the use of warm herb teas.

It sometimes happens after a convulsion, the child becomes unable to pass urine, for which he may be placed in a warm alkaline bath, and kept there for 10 or 15 minutes, and then, onions or garlics, pounded, and slightly warmed, but not cooked in the least, must be placed over the region of the bladder, and an infusion of marshmallow root, parsley root, or other diuretic plant, freely given.

If a troublesome cough, either dry, or attended with considerable mucus, succeeds an attack of convulsions, our pulmonary balsam is the best remedy. When the stools are slimy or green, a little supercarbonate of soda may be given several times a day, dissolved in water; or, soot tea will be found useful; it may be sweetened, and some essence of peppermint or spearmint added. The *neutralizing physic* will also be beneficial,—either may be used as the practitioner will decide.

"After the convulsions, or during the intervals between them, every care must be taken that the child's diet is of the proper character; and if he nurses, the mother must ascertain that there is no cause existing with her, which demands the weaning of the child." "Uric fruits, fruits having skins, or kernels which are difficult of digestion, should not be permitted, to either the child, or the mother if nursing; the bowels should be kept free; and due pains be taken to strengthen the nervous system by exercise in the open air, and by the tepid or cold bath. Where the

predisposition laid in organization is considerable, the only safety for the child is in avoiding the exciting causes."

When convulsions occur from a fall or blow on the head, they are apt to prove fatal; although many have been saved by the above treatment. When a child has received a fall or blow on the head, cold water should be immediately applied to the head, either by pouring it from a short distance above, or by means of cloths, and continued for 15 or 20 minutes; then apply mustard poultices to the feet, back of the neck and pit of the stomach, and allow them to remain until they produce considerable redness, after which, give a full dose of antibilious physic. By this course in 99 out of 100 cases, the child will be removed from any future danger arising from the injury he has received.

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## GUNSHOT WOUND OF THE LUNGS: BULLET FOUND WITHIN THE HEART.

BY DR. A. CHRISTISON.

The following singular case is taken from an article entitled "Notes of Observations, at the Field-Hospital of Rangoon, and the Convalescent Hospital at Amherst, during the late military operations in Burmah." Dr. Christison thinks that the only conceivable way in which the ball could find its way into the ventricle is by one of the pulmonary veins, first into the auricle, and then through the mitral orifice into the ventricle. He regrets that he did not see the whole dissection, and that he had not an opportunity of tracing the course of the ball; but he saw the heart as it lay before it was opened, and felt the bullet at its apex.

A private in the 80th, a stout, well-made man, was struck on the 14th April, on the left shoulder by a musket-ball about an inch to the outside of the coracoid process. The course was then downward and inward into the thorax. The breathing was at once interfered with, being short and catching, with cough and bloody sputa; and there was considerable emphysema of the cellular tissue near the wound. He went on very well, though obviously getting thin and pale, and expressed himself as wonderfully easy. The chest in time contracted, while percussion became dull, and the respiratory sound could not be heard, while on the right side the sound became puerile.

On the 5th May he was removed to the depot at Amherst; there he gradually became thinner and weaker, till he was reduced to a skeleton, at the same time he continued to say he was "very well, considering." The side was now resonant, but there was no respi-



ratory sound. Emphysema re-appeared after being absent for several weeks. About the end of June he began to sink, and one evening he suddenly expired.

On dissection, the course of the ball could not be traced among the textures of the shoulder; but between the second and third ribs it passed obliquely through a narrow canal with cartilaginous sides, and then through the costal pleura; a large abscess occupied the cavity of the pleura, except superiorly, where there was air; and the pleura was much thickened. The lung was very much condensed and pressed toward the heart, an opening in its pleural covering showed the continuation of the course of the ball, and this was farther traced as far as the root of the lung, where the examiner failed to trace it further. In the lungs was found a piece of red cloth, and another of white cotton, closely appressed. On opening the pericardium, the apex of the heart appeared thickened, and a hard body was distinctly felt at that point. When the cavities were laid open, the musket-ball was found in the left ventricle, lying at the apex, with a thin covering of white lymph partly covering it.

No injury to the heart could be found, nor any evidence of diseased action. The right lung was healthy, as well as the other organs of the body. The heart, as found, was put in spirit, to be sent to Calcutta.

We know of only one case which is parallel to the above, and that is to be found in a pamphlet by Mr. Walter C. Dendy, called "*Wonders displayed by the Human Body*," (p. 36.) This case, which occurred in the practice of Messrs. Davis and Sheward of Upton-on-Severn, is as follows:—

W. Mills, a youth of Boughton, in January 19th, made a gun of the handle of a telescope toasting-fork, with three inches of wood for the butt; he charged the tube with powder, then made a touch-hole, and fired it. The breech was instantly blown off, and entered the thorax between the third and fourth rib on the right side. He immediately walked home, a distance of forty yards. There was very considerable hemorrhage, and he became faint; a stream of dark blood continuing to ooze from the wound on the slightest motion, yet he was free from pain. For the space of ten days the lad appeared to be recovering from his formidable accident, and once even walked eighty yards, and amused himself in his flower-garden, digging for a short period with his spade. At this time he appeared well, and in a merry and cheerful mood, his eyes being unusually bright. In a few days, however, the boy began to emaciate; frequent rigors and syncope supervened, his pulse being much accelerated. During these paroxysms, however, he complained of no pain, nor was he troubled with cough or abnormal expectoration. He died on 25th of February.

On the right side, about half an inch from the sternum, between the cartilages of the third and fourth ribs, there was a small cicatrix.

Beneath this, *i. e.* within the thorax on the pleura, there was a small blue spot; there was no serous or sanguineous effusions in the bag of the pleura, but a small tubercle in the right lung, near the pulmonary artery; in the pericardium there was a quantity of serum. The heart itself appeared healthy. Firmly fixed in the right ventricle was discovered the stick that formed the butt of the gun. One end was forced between the lining membrane of the *columnæ*, the other had ruptured the auriculo-ventricular valve of the right auricle; but no wound was discovered in the heart, the conjecture was, that the stick had traversed the mediastinum, penetrated the posterior lobe of the right lung, entered the vena cava, and been carried by the current of blood into the heart.—*Edinburgh Monthly Journal of Medical Science, Dec. 1852.*

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## RECUPERATION.

BY GEORGE HOYT, M. D.

There is in the animal economy a principle of great value to a physician; and, if results be considered, of no less importance to the patient, which ought carefully to be studied and apprehended. I refer to the *recuperative* power of the system, by the agency of which an effort is always made to restore a suffering member or diseased body to its original standard of health.

In disease, this principle is always active and more or less obvious. When distinctly seen, it is a valuable and efficient guide; for a physician is but the handmaid of nature. His province is never to supercede, but to aid her. She has a language of signs, beautiful and distinct, by which her intentions are made manifest and it is his duty to observe and expound them. In fevers, it is witnessed in the earnest appeals of a patient for water, "cold water," and in his oft inability to slake his thirst. It is not less observable in the delicious sensations arising from the free admission of pure air. It is seen in critical diarrhœas, sometimes in profuse perspiration, often in bleeding at the nose, occasionally in the expectoration of blood, and generally in hemorrhage from the bowels. The following case illustrates the principle.

A young man, of 18 years of age, in the beautiful town of Hubbardston, where I then resided, was suddenly attacked with pleuropneumonitis, apparently investing both surfaces of the serous membrane, and severely affecting the right lung. The disease was fearfully developed before I saw him, and was not arrested till near the end of the second week. After the crisis, his improvement was slight, indeed hardly perceptible, and he continued feeble beyond my

expectations. A careful examination by physical signs revealed his true state. An empyema, or, as the sequel proved, a partially-encysted abscess had formed in his right side; a condition usually fatal, though not necessarily so. At this time it was impossible to determine to what extent the lung was invested. He was "comfortable," however, and knowing that nothing but an operation could touch the case, I concluded to trust him to the efforts of nature for the present.

From the outset he had been troubled with cough, but with slight expectoration, and did not sensibly change in this respect for quite a length of time. But pus began to appear, gradually increasing in quantity for some months. If he now turned upon his left side, a position he exceedingly disliked, violent paroxysms of coughing ensued, accompanied by an almost continuous stream of matter—demonstrating, that being unable to make a portal at the side, *nature* had opened a passage to the trachea through the lungs, and furnishing an additional evidence of the general *law*.

Nearly a year had now elapsed since his attack. He had improved in no particular. Rapid pulse, frequent respiration, night sweats, emaciation, and great general debility, were his prominent characteristics. He was evidently incurable, unless it were possible by an operation to relieve him. The objections to this, lay in probable adhesions, the extent of which it was impossible to determine. In consultation with three eminent physicians, the only one of whom now living is Dr. Osgood, of Templeton, Mass., it was determined, as a *dernier resort*, to perform the operation. The consent of all interested being readily obtained, we laid his skeleton body upon a table, and with a scalpel and lancet, I cut to the right lung, between the sixth and seventh ribs. No pus issued; and the introduction into his side of a curved probe, revealed the reason. Adhesions above the point of incision had taken place, and matter, the abundance of which I could not question, was imprisoned above it. Further dissections were deemed inexpedient, and the case was *again* entrusted to nature. But the wound showed no disposition to unite, and in a few days there burst forth such a quantity of matter, as, in the language of the mother, flooded the bed.

Still the wound did not heal, and within the succeeding few days two additional ejections poured from his side, varying in quantity from half a pint to a pint or more, by estimation.

This was the termination of the case. The wound closed, the cough disappeared, expectoration ceased, and his appetite returned. A cheerful mind, with the inspiration of hope, gave him new life, and he ultimately recovered. It is now rising twenty years since that event transpired, the subject is still living, a successful agriculturist, and the head of a happy family. There are here *four points* marked by *recuperation*.

- 1st. The empyema, or abscess, the formation of which is *curative*.
- 2d. The passage for the egress of matter through the trachea.

3d. The *additional* external *impulse* after the operation.

4th. Union of the internal cavities after evacuation of the pus.—  
*Boston Medical and Surgical Journal.*

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## THROAT AND UTERINE DISEASES.

How is it to be accounted for that so many people have ulcerated throats? Practitioners in former times were rarely consulted upon any difficulty in that region, beyond enlargements of the tonsils in young persons. But now-a-days, throat patients are numerous indeed—so much so, that the treatment of them has become a distinct branch of professional business. They are perpetually hurrying here and there over the railroads, for the advice of somebody they have heard of who has gained particular distinction on account of his successful treatment of such cases. There must be a direct cause for this wide-spread and increasing malady. Anthracite fires, high-seasoned food, bad water, imperfectly ventilated houses, close sleeping rooms, thin shoes, tobacco, coffee, artificial wines, and numerous other instrumentalities, have been by turns accused, but finally exonerated from having anything to do with the generation of these various conditions of the throat. Therefore, the field is open for further investigation.

But other equally perplexing difficulty has arisen in the domain of medical practice, quite as anomalous, viz., variously diseased conditions of the uterus. Has the climate undergone any changes within the last half century to have affected the health of women in this manner? Either this class of sufferers were entirely overlooked formerly in New England, by the generality of practitioners, or some new cause is operating. From the multiplication of these cases, the treatment of them to some extent has become a speciality. Ladies go great distances for the assistance of those whose names are abroad as successful in restoring unfortunate female sufferers to health. A close study of distinct classes of disease, is fast leading to a subdivision of professional labor. In cities, fifty years hence, the ancient Egyptian system will probably be established—and there will be physicians, as the historian expresses it, for the ear, for the mouth, and so on.

A discovery of the cause or causes of the increased prevalence of these two diseases, would lead to happy results. While no satisfactory explanation can be given of their origin, uncertainty in regard to the proper method of medication must characterize the best directed efforts.—*Boston Medical and Surgical Journal.*

## PART II.—EDITORIAL.

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### DR. CARTWRIGHT'S ESSAY.

In this remarkable specimen of medical logic, we find the expression—  
 “the doctrine of Moses, that life, with all its attributes of sensation, mobility and intelligence, exists in the blood, is no more difficult to understand than the doctrine of the Greeks and modern physiologists, which pre-supposes that life, with all its attributes, is located in the pulpy substance called the brain, and its appendages.”

Can the Doctor mention an example of any animal which exhibits “volition, mobility and intelligence” without a nervous system? Does the blood ever confer “volition, mobility and intelligence” upon any part of the body which is destitute of nervous connections with the remainder? Do not “sensibility and voluntary power” instantly cease when the nervous twigs have been compressed, however abundant the supply of blood? Finally, do animals ascend in the scale of development in proportion to the quantity of blood which they possess, or in proportion to their nervous development? Again—although the lowest classes of animals, bordering on the zoophytes, have a “diffused sensorium,” because their nervous matter is diffused through the body, and not concentrated in masses, is there the slightest evidence in animals which have a well developed brain, that conscious “sensation, intelligence and volition” belong to any other portion of their body? But, really, we have not the necessary patience to discuss such palpable absurdities. Dr. C. presents himself as a practical man, in contradistinction to “visionary practitioners,” who “do not trouble themselves about facts,”—and Dr. C. has certainly paid some attention to facts, but he has been very unfortunate in his efforts at reasoning; and has not even been precise in reference to facts.

In speaking of the liver as being a great decarbonizer of the blood, and arguing therefrom the importance of doses of calomel in congestive diseases, Dr. C. appears to confound the carbonaceous substance of the blood with the free carbonic acid which it contains. The liver, it is true, removes carbon and hydrogen from the blood, but the carbon which it removes is not carbonic acid, and does not exert the influence of carbonic acid in producing asphyxia. On the contrary, it is a portion of the essential constitution of the blood, particularly of its globules, and is thrown off in the form of bile, in consequence of their degeneration.

The liver is least active when the largest amount of carbonic acid is formed, which carbonic acid escapes, not by the lungs and liver, but by the lungs and skin. The necessity for bilious purging, arises from the accumulation of the blood in the spleen, the portal system, and liver, in which its globules acquire a degenerated character, and need to be partially renovated by the secretory process of the liver. This secretion has a happy influence in removing portal congestion, by facilitating the passage of the blood through the liver; and the relief of this congestion, with the purification of the blood, is the principal source of the benefit derived from cholagogues. In cases of recent congestion, as in the first attacks of cholera, or of ague, the same relief is promptly obtained by means of an emetic, which mechanically removes the congestion, without decarbonizing the blood.

The reason that mercurial cholagogues, as mentioned by Dr. C., produce a better effect in the cases referred to, than simple hydrogogues, is that, while hydrogogues produce serous evacuations, thereby inspissating the blood, they do not remove its more noxious elements, while cholagogues and diuretics, which remove bile and urea, relieve the nervous system of its two principal oppressors;—relieved of which the brain recovers its activity, and the whole nervous system acts with vigor.

The fact shown by the experiment upon the alligator, that the motion of the blood may be renewed by the action of the capillaries, under the influence of respiration, after the movements of the heart had ceased, is quite irrelevant to the theory which the Doctor adduces. It is well known that contractility belongs to all the tissues for some time after death, in all animals. Under some circumstances, the tissues of cold-blooded animals retain their contractility for some twenty-four hours after death. That the capillaries of the lungs or any other part of the body should retain sufficient contractility to propel the blood, when stimulated by respiration, a few hours after death, is by no means a novel fact; and that this oxygenated blood, reaching the substance of the heart, should renew its contractility, is a necessary consequence. To infer from this circumstance, that the lungs are the mechanical sources of the circulation, and that the great mechanical power which the heart actually exercises in propelling the blood, is not the principal source of its movement, is a specimen of logical blundering which can only be paralleled by a genuine Irish bull. As well might it be maintained that the messengers who bore to Franklin Pierce information of his election to the Presidency of the United States, were the real rulers of our country.—B.

## THE ECLECTIC MEDICAL INSTITUTE, AND ITS OPPONENTS.

The establishment of a liberal medical school, aiming to reform the abuses of medicine, and to promote the true public interest, instead of advancing the private interests and objects of any little clique of ambitious individuals, necessarily arouses the numerous selfish influences which oppose every laudable and fortunate undertaking. Hence there are four principal sources of the opposition which may be anticipated.

1. The regular conservative or Hunker party, powerful, combined, and efficient in their action, may be expected to make every effort to crush the enterprise.

2. The liberal policy of the Institute may be opposed by those who favor high prices.

3. Rival schools established for selfish objects, without any public necessity, may be expected to attempt to win a little influence for themselves by detraction and slander, especially, if they are obscure or destitute of merit. In proportion as they have neither talent nor laudable objects, they will choose such a course.

4. Medical demagogues and self-conceited aspirants, who are unable to gain a respectable standing by their own efforts and are impelled to war against those who have reputation, but who are not willing to take them by the hand and lift them up.

1. THE OPPOSITION OF HUNKERISM.—This was displayed in the first instance by an effort to prevent the granting of a charter by the Legislature. Members of the faculty of the Medical College of Ohio, took the lead in this movement from obvious motives, but entirely failed of success. The Legislature had no disposition to give them a monopoly of medical teaching.

Another form of opposition consisted in a species of moral warfare against the professors and students of the new school. The effort was made to deprive the professors of all social influence or standing, as a proscribed class with whom no one should associate. Instead of cultivating friendly feelings among members of the same profession as gentlemen, physicians, and professors of Christianity are bound to do, a malignant effort was made to instil sentiments of hostility and contempt, and to prevent any personal association between students of different schools, which might mitigate or destroy the rancor of party jealousy and hatred. This effort was but too successful, and came very near resulting in personal collisions between the classes, notwithstanding the earnest inculcation of the principles of gentlemanly courtesy, forbearance, and kindness of the Faculty of the Eclectic Medical Institute. Why

was this base and demoralizing policy adopted? Simply because it was well known that a free interchange of sentiments among the students would be fatal to that bigotry and prejudice which are the principal reliance of a proscriptive party. While the faculty and students of the institute extended an unlimited hospitality to visitors and students of other schools, however prejudiced their minds, the Faculty of the sixth street school, not only guarded their own doors but virtually forbade all acceptance of the hospitality of a liberal schools by their own students, refusing to permit any one to graduate who listened to any lectures not considered orthodox.

As a part of the same policy, the Commercial Hospital, a State institution, (contrary to the spirit and intent of the law,) was barred against all students but their own, injuring the Hospital at least a thousand dollars a year; and the medical library, established in Cincinnati by the funds of the State, was made a monopoly for one school, thus excluding the majority of both pupils and teachers from a State institution, wholly to gratify jealousy and selfishness.

While medical students were thus industriously kept in the dark, great care was taken to misrepresent the character and teachings of the Institute in the Medical Journal of the College—the Lancet. The idea was first held out that the E. M. Institute did not even profess to teach anatomy as other medical schools. When it was found that the Institute turned out superior anatomists, and consumed more anatomical material than their own school, this charge was not repeated, *but it was never corrected*. It was deliberately asserted and published by both editors of the Lancet, that the Institute based its instructions upon the Thomsonian doctrines of heat and cold, and the use of vegetable remedies to the total exclusion of mineral agents. This slanderous misrepresentation, with others of a similar nature were publicly repelled through the press, by the present Dean of the Institute, and the charges were not repeated—but again *they were never corrected*.

When the success of Eclectic treatment in Cholera was brought before the Legislature of Ohio, a slanderous denial of the facts was procured from Dr. Stevens, at a period too late for its refutation. This was published by the Lancet, but when *at the next session of the Legislature*, the full and complete refutation of the slander, by properly attested documents, was laid before that body, and by its order was printed to circulate coextensively with the slander, this refutation was not even mentioned by the Lancet. The falsehood was not repeated, but again *it was never corrected*.

The minor falsehoods from the same source, which admits no reply or explanation, *and never corrects a slander*, may pass unnoticed; but we are not willing that the past course of these reckless slanderers should be forgotten by the public.—B.



## IMPOSTURES OF HUNKERISM.

In the Democratic Transcript, (Canton, O., Sept. 16,) is the following very intelligent squib from a writer who does not appear to know anything of the Institution he assails—not even its name, which he calls *Electic*.

“Mr. KLIPPART:—In your lauditory notice of the Electic Medical Institute, located in Cincinnati, you represent that ‘the principles there inculcated are progressive, liberal and unbiassed in favor of any special system of practice.’ In this representation you deceive—unintentionally no doubt. The term *Electic* I acknowledge will admit the interpretation you give; but as applied to *this* school, is a misnomer; and only used to catch gulls. The school is emphatically *Botanic*, and its Professors advocate no other system of practice; but war against the use of all mineral preparations, mercurials especially—condemn bleeding and blistering, and are wholesale in their condemnation of the regular system. Several years ago, actuated no doubt from the principles you now award them, they instituted a chair of Homeopathy, but as its mode of practice was so antagonistic to their thunder and steam system, it was found more profitable to abolish it. The Institution is not recognized by any reputable school in the Union, and I only write you this for the benefit of students contemplating attendance upon lectures, that they may not be deceived by the specious title of the school in question. L. S.”

This rigmarole of “*Botanic*,” “*thunder and steam*,” “*war against all mineral preparations*,” etc., shows that the writer is either a verdant country dupe of the stale slanders of the Lancet, or else a voluntary coadjutor in deception to prop a sinking school against a successful rival. Whether *ignorant*, *knavish*, or a little of *both*, however, is immaterial. Every intelligent medical gentleman knows that what is called the “thunder and steam system,” that is the system of Thomson, is nearly extinct, not being followed by any educated physician. It is also well known that from the bigoted members of that party proceeded the most violent opposition to liberal Eclectic reform which does not “war against all mineral preparations.” The stale trick of confounding Eclectics with their opponents has been for some time abandoned here, being rather too flagrant an imposition. L. S. is several years behind the times. He ought to return and obtain his cue again from head-quarters. The present fashion for an Old Hunker is to say—“In fact we are all Eclectics—Eclecticism is the true philosophy of medicine. We are in favor of reform ourselves. We think that a great deal of harm is done by the indiscriminate use of calomel. We seldom use it except in doses of one, two or three grains—sometimes we give a little blue mass. We are opposed to the abuses of the lancet, etc., but we are opposed to this false Eclecticism. We go for keeping up the dignity of the profession. We think a young man ought to pay at least three or four hundred dollars to

obtain his medical education. This would keep out the rabble, and keep us from being injured and run down by vulgar competition. These Eclectics are ruining the profession—but they can't keep it up long. They will unite with the regular profession before long, and be true Eclectics."

Very well, gentlemen, you may claim our name and some of our principles, and use our new remedies too, in a private way—but you are very slow to learn, and we fear it will be forty or fifty years before the majority of you can really be called American Eclectics.

As to *recognition*, the Eclectic Medical Institute is somewhat more extensively recognized than any other medical school of Cincinnati, and its diplomas carry all the legal and moral authority that properly belongs to such testimonials. But it is certainly not recognized as identified with the orthodox party, whose leaders acknowledge their therapeutic knowledge to be so inadequate that one-half of their cholera patients die whenever the disease is epidemic. Nor can the Institute ever be recognized in that sense until old school institutions have been vastly improved from their present condition, and really deserve the title of Eclectic. In other words, it is not until they have adopted our principles, that we can have a proper mutual recognition.—B.

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## CORRESPONDENCE.

A recent graduate says:—"I hope you will carry out your plans for the enlargement of the College building. I would be greatly rejoiced to hear that it was occupied by a class of four or five hundred next winter; and as soon as any steps are taken for the formation of an anatomical cabinet for the use of students, I will cheerfully contribute my mite to aid the cause."

A student writes from Pennsylvania, "The free-school movement is beginning to be rightly looked upon. I am acquainted with several physicians who will do a liberal part by way of *material aid* in the work in contemplation of putting up a new college edifice, as soon as the measures agreed upon by the Faculty are made known to them. Indeed, they are waiting to make subscriptions either in the form of stock or donation."

Dr. B., of Phelps, N. Y., writes: "I have tried both systems of practice. Allopathy about 28 years, Eclecticism about 10, and I have but one regret, that is, I could not be permitted to undo the first part of my professional life. I am satisfied your school has done more, and continues to do more, for reform than all other schools combined. Your uniform, consistent, persevering course has always met my unqualified approbation."—B.

**JONES' AND MORROW'S PRACTICE.**—We are gratified at last with the announcement that this work is about to be published, as will be seen by the following notice from the *Ohio State Journal*. Dr. I. Gibson Jones, of Columbus, as the senior pioneer of reform in the Western half of the Union, has been so long expected and desired as an author on the practice of medicine, that we are confident his work will find immediate sale and its interest will be materially enhanced by embracing the unfinished writings of Prof. Morrow :

**"NEW WORK ON THE THEORY AND PRACTICE OF MEDICINE.**—We learn that our esteemed fellow-citizen, Dr. I. G. JONES, has prepared a new work on the Theory and Practice of Medicine. The work we understand, will embrace the Lectures, enlarged, improved and corrected, delivered by him while occupying the chair of "Theory and Practice," in the Eclectic Medical Institute of Cincinnati, and will be published and on sale by the first of October ensuing. As containing a full explanation of the most recent views and doctrines of the Eclectic School upon the wide range of topics embraced under the title, it will be anticipated by the members of that branch of the profession with eagerness and satisfaction, while the long experience, ability and success of the author must challenge the attention of the entire profession.

The work will also contain the unfinished writings of the late Dr. MORROW, as left by him at his death.—*Ohio State Journal*."

**SELLING DIPLOMAS.**—It appears by the following spirited notice in the *Memphis Express*, that Dr. Gillman, one of the ex-professors of Dr. Baldrige's late imitation of a medical school at Louisville, has distinguished himself in a new career. Such incidents are quite instructive in showing publicly the character of those who have aimed to build up petty institutions by defamation of the Eclectic Medical Institute—presenting themselves as the immaculate models of reform :

**"JOHN GILLMAN, M. D.**

"This gentleman has been figuring rather largely it would seem, from a communication which appeared in the *Whig*, a few days since. He, it is alledged, has been selling diplomas, purporting to be from the Memphis Institute, signed by himself and six others, in our sister State, Arkansas, for the sum of \$25 each. He stated there that the charter of the Institute allowed this course of proceeding. Dr. Gillman would be puzzled to show how he obtained the names of the other gentlemen, to these parchments. He should be apprehended for forgery, for he could have come by their signatures in no other way. Such a base and unprincipled wretch as he has shown himself to be should not be allowed to escape *unwhipped* of justice. This gentleman was brought to Memphis by Dr. Hulce, when he endeavored to re-organize the Institute, and when they disbanded and gave up the enterprise, *Professor Gillman*, it would seem, emigrated to Arkansas to make Doctors by the wholesale.

It is a self-evident fact that, from facts set forth by the report of the meeting in Augusta, Arkansas, held to take into consideration the conduct of the aforesaid Gillman, that he is a *thief*, and *liar*, and we believe a *forger*. It must be so. The charter grants no such power as he claimed. A man must be lost to every sense of honor and humanity, to thus arm men to go out into the world and slay his fellow man. We again repeat, he should be brought to justice; for a man guilty of such an outrage, would not shrink from the performance of any piece of villainy."

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## BOOK NOTICES.

**THE MATERNAL MANAGEMENT OF CHILDREN IN HEALTH AND DISEASE.**  
By Thomas Bull, M. D., Member of the Royal College of Physicians, Author of "Hints to Mothers" for the management of their health during pregnancy and the lying-in room. Second Edition. Philadelphia: Lindsay and Blakiston, 1853—Cincinnati: H. W. Derby & Co.

We have read this work with much interest, and can cheerfully recommend it to the profession. We will extract some of the author's remarks on the subjects of Calomel and Opium: N.

"Calomel is one of the most useful medicines that we possess; but though powerful for good, it is by no means powerless for mischief, and pages might be written upon the evil effects which have resulted from its indiscriminate use in the nursery: medical men are daily and hourly witnessing this fact. It is particularly eligible in the diseases of children; but then it is quite impossible for unprofessional persons to judge when it may be appropriately exhibited. And it can not be too generally known, that the effect of this medicine upon the evacuations is always to make them appear unnatural. From ignorance of this fact, calomel is often repeated again and again to relieve that very condition which it has itself produced, causing but too frequently a degree of irritation in the delicate lining membrane of the bowel, which it may be very difficult for a medical man to remove, and perhaps a source of misery to the child as long as it lives. Its frequent exhibition has also another evil attending it, for 'the immoderate use of mercury in early infancy produces more, perhaps, than any other similar cause, that universal tendency to decay, which, in many instances, destroys almost every tooth at an early age.'

"In the diseases of childhood it is often administered by the mother or nurse with a degree of careless excess which ultimately, if not immediately, produces severe and irremediable injury. I have met with such cases; but Mr. Bell details a remarkable instance in point. 'A child, about three years of age, was brought to me, having a most extensive ulceration in the gum of the lower jaw, by which the alveolar process (that portion of the jaw which forms the sockets of the teeth) was partially denuded. The account given by the mother was, that the child had some time previously been the subject of measles, for which a chemist, whom she consulted, gave her *white powders*, one of which was ordered to be taken every *four hours*. It appears by the result, that this must

have been calomel; for after taking it for two or three days, profuse salivation was produced, with swollen tongue, inflamed gums, etc., followed by ulceration of the gum, lips, and cheek. On examining the denuded alveolar process, I found that a considerable necrosis (death of the bone) had taken place, including the whole anterior arch of the jaw from the first double tooth on the left side to the eye-tooth on the right. By degrees the dead portion of the bone was raised, and became loose, when I found that the mischief was not confined to the alveolar process, but comprised the whole substance of the bone within the space just mentioned, etc. Surely the knowledge of such a case as this would induce every prudent mother to *exclude calomel from her list of nursery medicines*.

"OPIATES.—This class of medicine is often kept in the nursery, in the forms of laudanum, syrup of white poppies, paregoric elixir, Dover's powder, Dalby's Carminative, and Godfrey's cordial. The object with which they are generally given is to allay pain by producing sleep, or, perhaps, much more frequently, to allay the crying of a fretful child. They are, therefore, remedies of great convenience to the nurse; and, so exhibited, they are *too often fatal*.

In the hands of the physician, there is no medicine the administration of which requires greater caution and judgment than opiates, both from the susceptibility of infants to their narcotic influence and their varying capability of bearing it. The danger, therefore, with which their use is fraught, in the hands of a nurse, should for ever exclude them from the list of nursery medicines.

It is calculated that *three-fourths* of all the deaths that take place from opium occurs in children under five years of age. The amount which will sometimes cause death is very small; a fact most important to remember, and of itself a powerful argument against its use in any form by unprofessional persons. Dr. Kelso met with an instance, where a child nine months old was killed in nine hours by four drops of laudanum. A case is mentioned in a late number of the Medical Gazette, in which two drops killed an infant; and another is reported in the Lancet for February, 1842, of a child two days old killed by a dose of a mixture containing only one drop and a half of laudanum, the child dying in fourteen hours.

Syrup of poppies is nothing more than a sweetened decoction of poppy heads, and many cases of poisoning have occurred from its injurious use. 'There is great reason, however, to believe, that what is sold by many druggists for syrup of poppies, as a soothing medicine for children, is a mixture of tincture or infusion of opium with simple syrup; it is, therefore, a preparation of very variable strength. This will account for what appears to many persons inexplicable, namely that an infant will be destroyed by a very small dose.' In 1837-38, seven children (whose cases are on record) lost their lives from this medicine: in one of them a tea-spoonful and a half was given; stupor came on in half an hour, and the child died the following day. And in January, 1841, a child, six months old, is said to have died from the effects of less than half a tea-spoonful of this syrup, bought at a druggist's.

Paregoric elixir has been occasionally given with fatal effects. A child, between five and six years old, had some cough medicine prescribed for it at a chemist's, the principal ingredient of which was paregoric, and it died, poisoned. Another authenticated case is reported, where a child of seven months old was killed by the exhibition of a tea-spoonful.

In reference to Dover's powder, Dr. Ramisch, of Prague, met with an instance of a child, four months old, which was nearly killed by the administration of one grain only; and in June, 1832, a case occurred, in which four grains were given to a child four years and a half old, which became comatose, and died in seven hours. Ten grains of this preparation contain one grain of solid opium.

Dalby's carminative, with the exception of Godfrey's cordial, is perhaps the most popular quack medicine of its class in use, and one of the most fatally destructive from the indiscriminate and careless manner in which it is employed. The late Dr. Clark, in his Commentaries, mentions a case which he saw, where forty drops of this preparation destroyed an infant.

Godfrey's cordial has been abundantly destructive. In 1837-38, twelve children were killed by it: in one of these cases, the infant was four months old, and half a tea-spoonful was the dose given; an inquest was held on the body. Dr. Merriman relates the following instructive cases: 'A woman living near Fitzroy Square, thinking her child not quite well, gave it a dose of Godfrey's cordial, which she purchased at a chemist's in the neighborhood. In a very short time after taking it the child fell into convulsions, and soon died. In less than a month the child of another woman in the same house was found to be ill with disordered bowels. The first woman, not at all suspecting that the Godfrey's cordial had produced the convulsions in her infant, persuaded her friend to give the same medicine to her child. A dose from the same bottle was given, and this child was likewise attacked almost immediately with convulsions, and also died.'

Convulsions and epilepsy, without such fatal results as the foregoing, are not uncommon as the effect of a single dose of an opiate given unadvisedly; and by their continued and habitual use (and a lazy, unprincipled nurse, unknown to the parent, will very often resort to these medicines in some one or other form) a low, irritative, febrile state is produced, gradually followed by loss of flesh; the countenance becoming pallid, sallow, and sunken; the eyes red and swollen; the expression stupid and heavy, and the powers of the constitution, at last, becoming completely undermined. Such an object is to be seen daily among the poorer classes, —the miniature of a sickly aged person; death soon follows.

The habit of administering opiates to young children has become prevalent to an alarming degree in the manufacturing counties, and to a considerable extent in rural districts. It is not confined to infants suffering from disease, but also extends to those in a state of health, in order to ensure their more easy management when the mother is absent from home. A respectable druggist in Manchester states: 'I sell in retail alone five gallons per week of 'quietness,' and half a gallon of 'Godfrey,'' \* the former preparation being so strong as to contain 100 drops of laudanum in an ounce; a single tea-spoonful is the prescribed dose, so that allowing one ounce weekly to each family, this one druggist supplies 700 families every week. It behooves parents residing in these districts to be more than usually careful to whom they entrust their children. But surely enough has been said to prevent the parent, directly or indirectly, allowing the unprofessional use of opiates to her children. Remember their great susceptibility to their narcotic influence,

their different capability of bearing it, and the facts which have been adduced to prove the fatal effects which so frequently follow their unguarded employments."

A MANUAL OF OBSTETRICS. By Thomas F. Cock, M. D., Physician to the New York Lying-in Asylum, Physician to Bellevue Hospital. S. S. & W. Wood, New York; pp. 250.

We have examined this work with much interest, and are well pleased with the arrangement, and think the student will find it to be of much use to him. Manuals on all the different departments of Medicine are now being prepared, and will be generally introduced. N.

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A NEW REMEDY FOR WARTS.—A French writer states, in the "Bulletin de Therapeutique," that he has observed that the use of a teaspoonful of carbonate of magnesia, morning and night, for a few weeks, was generally attended with the disappearance of the warts on the fingers. Whether this is to be regarded as an effect rather than a coincidence, seems to be questionable. Warts will often fall off after having existed a certain length of time; hence the success of the incantations and other witcheries resorted to by certain "wart curers." One of the most prompt applications we have tried is the tincture of iodine. By putting a drop of this upon the wart once a day, it will generally fall off in a week. Lunar caustic, nitric acid, potash, etc., will often succeed very well, but are apt, if incautiously applied, to occasion some inflammation and pain.—*Southern Med. and Surg. Journal.*

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HOMŒOPATHY IN ENGLAND.—Besides three Homœopathic Societies, embracing a large number of members, there is an annual Congress held by the new school of practitioners in England, which this year is to meet in the city of Manchester. In London there is a Hahneman Hospital with forty beds; the London Homœopathic Hospital with thirty; and the Manchester Homœopathic Hospital with twenty beds. There are also many Dispensaries under their exclusive charge. As instrumentalities for propagating their doctrines, there are seven Homœopathic Journals, spiritedly conducted.

THE  
ECLECTIC MEDICAL JOURNAL.

NOVEMBER, 1853.

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WAR AMONG THE DOCTORS!!

The following reports of the late pitched battles between the College Faculty and the Members of the Regular Profession, are compiled and revised from the reports of the Columbian, Times and Commercial, being the fullest account which has been published. Some things in the report are not fit to be uttered or printed, but we must "hold the mirror up to Nature," and, if the Devil is ashamed of his countenance, let him blush if he can.

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MEETING OF PHYSICIANS AT THE MECHANICS'  
INSTITUTE.

**MONDAY NIGHT**—*The Scalpel drawn—Capsicum and Cantharides fully applied—War to the Knife!!*

The adjourned meeting of the Physicians of the City was held last night at the Mechanics' Institute.

On motion, Dr. William Judkins was called to the chair.

The minutes of the previous meeting were then read.

Dr. Charles Woodward, president of the meeting, then arrived and took the chair. The minutes were accepted.

The meeting adjourned on Friday evening last, during the discussion of the following, and last resolution accompanying the report which we published on Saturday:

*"Resolved, 3d. Said Hospital shall, in its government, be disconnected from any other institution."*

Dr. Wright offered the following resolution:

*Resolved, That the discussion on the resolution now before the meeting, may be extended so as to embrace all the points entertained in the two reports.*

The doctor said he had been informed that a medical gentleman had brought a friend to the meeting on last Friday night, giving



him the idea he was taking him to the theater; and after designating the various speakers, the friend exclaimed, "Damn it, I want to see the fun." If there was to be a play, the doctor said he wanted every gentleman to have sufficient time to play his part well.

Dr. Edwards said he would consent to the introduction of the resolution, so as to give a fair field for the discussion. He would discuss the matter at length, and if they had not sufficient time to-night, they would meet until it was fully discussed.

The resolution was adopted.

The Chair then announced that the subject was open for free and full discussion.

Dr. Lawson then rose and said he had felt no disposition to attend the former meeting, he knew its objects but did not desire to take part in its proceedings; but now that the rights of the Ohio Medical College had been discussed, it was natural that he should take an active part. The committee appointed by the meeting, had made a singular report. The proceedings of the meetings were the most extraordinary he had ever witnessed. In the first place, a committee of seven was appointed to report upon the Commercial Hospital. Now, what was their objects? Was it to arrive at the facts of the case, or was it to take testimony and arrive at their own conclusions? These are questions to be considered. It is to be admitted that the Faculty of the Ohio Medical College have some rights, and they ask for facts, and do not want to be misled.

The committee has fallen into errors, by taking *ex-parte* statements. He would show that there was not a fact set forth in the report that was not false, from beginning to end. He had no personal hostility to any gentleman on the committee, but would simply state the facts.

The report sets forth, that the average mortality in the Hospital is about thirty per cent. They come forward and declare that it is thirty per cent., but is incorrect in every sense of the word. This statement had gone forth in the papers, and had been spread over the country from Maine to Georgia. He (Dr. L.) had heard an editor of one of our city papers cursing and damning the institution, on account of the mortality that prevailed there. The Doctor said the report sets forth there was 191 admitted, and 67 died. I want to ask that committee, if there was but 191 patients admitted in the Hospital during the last year? I presume what they did, was from a want of knowledge and reflection; but it looks very much like a thing growing out of *ex-parte* statements. The Steward's books show that there was 920 patients admitted during the year, and 97 died. That is the fact, and I pledge my word for the truth of what I say.

The Doctor said, the committee in these investigations had also fallen into gross errors. Capt. Ross, President of the Directors of

the Infirmary, had informed him that day, that they send every person to the Infirmary who was not in a dying condition, and with this knowledge the committee had made up their report. This should be a lesson to that committee never to undertake anything of the kind, unless they get all the facts.

The Doctor then read from a report of the deaths that occurred at the Hospital, particularizing several cases that took place shortly after arriving in the Hospital.

The second part of the report, he said, was more to build a new house, and foreign to the purpose of the committee.

That portion of the report that referred to where the faculty came from, he would speak of, and call the attention of the meeting to the fact that the founder of the College came from a "neighboring village." He had only one remark to make on that matter, and that was whether the reputation of a man depended on the size of the town from whence he came? He made this remark for the benefit of the committee.

The Doctor then referred to that portion of the report which he said directly charges the medical government of the Hospital with conflicting with the interests, and excluding the physicians of the city. This, he said, was a very nice point of special pleading. The faculty always looked upon it as a compliment, to see any respectable physician in the Hospital. Although the young men who were resident physicians, and who had but just graduated, would be in a strange dilemma if they permitted every person who professed to practice medicine to enter the house and do as they pleased. The spirit of the article was entirely untrue.

The Doctor next took up that portion of the report where the medical government is regarded as a monopoly.

He referred to the Hospital of St. Louis and other Hospitals, but said it was not material. The Hospital was for the interests of the medical profession, and no man on the face of the earth would say that the college was not devoted for the benefit and success of all medical men.

The charges for medical attendance, set forth in the report, were next taken up by the Doctor. The report, he said, read "service." The committee had misinterpreted the meaning of the law; the faculty was not bound to give *all* their service; they were not bound to sleep, eat and live in the Hospital, according to the committee's instruction. The law only says they shall be debarred, when they fail to perform such contract. What contract? Where was the contract that the committee harp on? He could go there to-morrow and charge \$1000, and not break one letter of the law. There is but one thing to debar the faculty, and that is to cease from introducing their pupils. Again, the same faculty is charged with recommending that one of their own members should be paid \$350 a year for medical attendance on the Commercial Hospital, and his expenses for keeping his horse and buggy also paid.

The resident physicians were paid by the Township Trustees, at their own instigation, not by any suggestion of the Faculty. The Faculty gave them the advice, and said they could pay \$100 per annum and board. It was done by the Trustees alone. Messrs. Storer & Gwynne gave as their opinion, that the Faculty was bound to give their medical attendance. It can not be required that the Faculty should live at the Hospital, and the Trustees were authorized, without special authority, to employ competent physicians, and the law would protect them in the payment. This decision was brought out by a threatened suit at law.

As for the \$350, he did not believe any such sum was ever paid. He supposed it had allusion to the late Dr. Shotwell, and it was a matter of surprise to him to see his old friends sit by and listen to such charges against him. The Hospital books show that \$700 was paid him, but it is well known it was for services rendered as physician of the Pest House. He did not believe that Dr. S. even got one cent for services in the Hospital, when a member of the Faculty.

Dr. McIllvaine here interrupted the speaker, and produced a document which he desired to read.

Dr. Lawson gave way, when Dr. McI. read a paper dated March 9th, 1837, addressed to the Trustees of the Commercial Hospital.

The paper recommended, 1st. That Dr. Shotwell be appointed the Hospital physician. 2d. That J. Judkins, having been duly examined, be appointed assistant resident physician. 3d. That it be recommended to pay the resident physician \$350 and house-keeping. Signed John Locke, Dean of Medical College of Ohio.

Considerable confusion here prevailed in the room. Dr. Lawson asked for the document, but Dr. McIllvaine refused to hand it to him.

Dr. Edwards to Dr. Lawson—"Don't receive it."

The President—"As a matter of courtesy, the gentleman should hand it to him."

Dr. Menzies—"All parties have a right to read it."

Dr. Judkins—"When a gentleman gets up to read anything, it is not fair for any one to express a doubt as to its veracity."

The document was again read.

Dr. Lawson continued, and said that Dr. Shotwell was a demonstrator of anatomy, and not a professor at that time, so that affair has dwindled to nothing. [This was afterward denied by the committee, and there appeared to be some uncertainty as to dates.] The committee have blundered throughout—they have misquoted the charter and misstated every thing. They had got every thing wrong, and, if they had only called upon him, he would have assisted them. If the Hospital was a monopoly now, if six have it, let another six men get hold of it, and it will still be a monopoly. You can't find a Hospital on the face of the earth, but what

are monopolies. The faculties in Paris and London visit the Hospital—they are the clinical lecturers of the schools; it is the case in New York and Philadelphia. The Doctor cited names of prominent physicians, and asked how long they had been in practice in Hospitals.

“As the gentlemen preparing the report, have discussed constitutional rights, I will try my hand at it,” said the Doctor. He then went on to cite the story of the lawyer’s plea, for his client, who had stolen a kettle. He could prove he never had it; it was broken when he got it, and sound when he returned it.

The gentlemen say there is no contract that has been broken, and it can be altered.

There is a provision, that the Legislature can alter or amend at pleasure; it was intended to apply to the first section. The law of 1832 appointed thirteen Trustees; they didn’t work well together. They went on and got seven Trustees in 1835, they didn’t work well; they then got eleven with the same effect; and by this legislation and changes we legally infer, that the power to amend was intended only to apply to the first section. The act of 1851 says, the Medical College of Ohio shall always furnish medical attendance. And the Constitution of Ohio says, the Legislature shall pass no retroactive law. How are you to get over that obstacle?

The Doctor then went on to discuss the minority report briefly. He said by admitting all classes of physicians and men of different character into the Hospital, the whole institution would be soon broken up. He had but little disposition to enter into quarrels of that sort. He was fond of the medical profession, and desired to pursue the study of medicine quietly. For years the faculty had been dragged before the public, and have had to fight against contentions of this character. Men who are now raising the cry against them, once sustained the institution. If they would devote their energies to a better cause, it would be more profitable to them.

The Ohio Medical Faculty wanted to be let alone. They needed the general sympathy and support of the profession. The medical institution was backward, and wanted permanency; and in that they wanted progress. The profession had interfered too much with the government of the institution. The chairman of the committee is trustee of another institution, and he thought should devote his labors to its interests. He said it with all due respect to the gentleman, and hoped the war against the Medical College of Ohio would soon be brought to a close.

Dr. Judkins then rose and said the Professor had dissected the report with great care, but it was prepared by the committee after a labored and careful investigation; and they had proved conclusively the incapability of the house, and the unfitness of the medical government.

The Hospital was a contracted monopoly, the profession being

excluded. Any one coming from abroad, whatever were his real merits, was elevated by an appointment in that institution above older and better men residing in the city, and identified with its interests. These foreign professors had no object, but merely to get their salary and carry it off to spend elsewhere. He wanted to see a grand institution of which we could all be proud, where talent could be admitted—a Hospital of which the profession might be proud.

In other institutions all over the country, the mortality was but  $3\frac{1}{2}$  per cent., but according to the gentleman's own showing, it is double, viz:  $16\frac{1}{2}$  at our Hospital. The University of St. Louis, to which the gentleman refers, owns their Hospital, as *all gentlemen* should who intend to make a monopoly, instead of putting their hands into the public pocket. The learned professor gives us a little bit of defiance, as well as constitutional law.

He would try his hand on the legal question. The Hospital was controlled by the local authorities. If they choose to turn out the Faculty to-morrow, they can do it. If the Faculty call upon the State to re-instate them, the State can not do it. What claim has the State?

The Legislature gave \$4,600 in bogus money or uncurrent funds; that much the great State of Ohio gave to the Hospital. If the Directors of the Infirmary feel disposed to shut the gates against the Ohio Medical College, all the State can do is to sue and get her \$4,600 back again.

A bond was executed to the State, and if any conditions are violated at any time the State can only demand the forfeit, which is \$4,600, *without interest*—so it is specified.

Hospitals in the old world are not appendages to colleges—never. Men are not clinical teachers, merely because they are professors.

Here the Faculty had possession of the Hospital only on certain conditions, which conditions they had violated. The law says, that they shall give the patients of the Hospital *all the medical and surgical attendance that they require, gratuitously*; and when they fail to do this, they shall be debarred from the privilege of introducing their pupils. They *have failed*, and legally forfeited their claims. They have frequently neglected for days or weeks to furnish the necessary attendance, and they have regularly failed to furnish this attendance gratuitously. Instead of gratuitous service, they have employed young men to act as resident physicians, and they have had these resident physicians paid to the amount of many thousands of dollars, by the township trustees, in palpable violation of the law. The law says they shall *give* gratuitously, and yet they make the public treasury pay for what they were bound to do. Is this *giving*? If you *give* me your horse, can you then demand that I shall pay for him. There can not be plainer or stronger language than what is here laid down in the law. I could not, if I attempted, express the idea more clearly. This is the law which

is violated, and the Board could to-morrow suspend them from the exercise of their privileges in the Hospital.

The remarks of Dr. J. were remarkably clear, concise, pertinent, and logical.

Prof. Edwards then took the floor, and began by saying he was astonished that such a report should be got up and countenanced by the medical faculty of Cincinnati. It was his purpose to arraign each of the promulgators and fathers of that report, and to give each and every one of those gentlemen particular anatomization from the word go. And the Professor (who having been a member of Congress, and well posted in parliamentary debate and its broadest privileges!) gave the progenitors of the report the most ferocious, yet at the same time ludicrous, castigation that we have ever listened to.

Dr. Dodge was spared as he had signed a counter report, and Dr. Bonner was complimented as a high-minded, honorable gentleman, who must have believed the report true when he signed it, but he did not think he would believe it so after its falsehood was exposed. (Dr. Bonner, however, was not converted by the compliment; on the contrary, he repeatedly declared that the report was true, and he would sustain it, after hearing all the bravado and the special pleading of Edwards and Lawson.)

Dr. Langdon was first attacked and denounced as guilty of almost unpardonable outrage, in his position as chairman of the committee, in allowing his report of the majority to come before the public. It was a violation of every principle of decency and of honor, to permit the report to be published, when the meeting had not given their consent. It was really an outrage—such an outrage as had never been heard of before.

Dr. Langdon, by way of offset, referred to the fact that the minority report had also been published without the authority of the meeting; and explained that he had permitted the reporters to publish the document, as the meeting was held in public, and the reporters might easily have published the report with the other proceedings, if they chose to take the trouble of writing it out, which would have been less accurate than to permit them to copy the report itself. He also charged Dr. Edwards with the authorship of the minority report; which Dr. E. denied, and Dr. Dodge assumed.

He considered it indelicate for Dr. L. to take any part in this controversy, as he was a Trustee of the Miami School, and had better give his efforts in building up that institution. (Dr. L. disavowed any opposition to the college, or any connection with the Miami School, in drawing up the report, which was drawn up by himself. Dr. Mendenhall, Dean of the Miami School, has since come out in a card, denying that the Miami Faculty had any participation whatever in this controversy.)

Dr. J. B. Smith was noticed, who is a professor in the Dental College; but was passed over lightly, in comparison with others.

Dr. Thornton was attacked in a style which indicated that the professor intended to demolish him entirely. If the secret history of his appointment, as physician of the Pest-House, could be revealed—the history of the mode by which he obtained that position—it would sink him forever in the estimation of all honorable men, and he would not dare to face a respectable member of the profession. He had obtained it by the vilest manoeuvre of underbidding, being the only man in the profession who was low enough and mean enough to stoop to so dirty an act; and who doubtless estimated correctly the value of his own services, when he placed them below what any honorable man would stoop to. This miserable biped was a sort of straggler between the Regular Profession and Eclecticism. He had even expressed his preference for Dr. Newton, over the Faculty of the Medical College of Ohio, and his willingness that Dr. Newton should obtain a place in the Hospital, rather than let it remain as it is. After ringing the charges upon this accusation, as though he would crush and disgrace Dr. T. beyond recovery, he turned to the general subject and other members of the committee.

Dr. McIlvaine, for about half an hour, was made the target of his satire—denounced, bantered, and quizzed, in every mode that the professor's fancy could suggest. Here, said he, is my friend Dr. Mac-II-wa-ny, just from Paris, full of French learning, French language and manners, French religion, and French morals. He would transplant them all to our country, and make Cincinnati another Paris—introducing all their peculiar ideas and institutions. And he has seen the Emperor and Empress, and he would doubtless be glad to give us an Emperor and Empress here, with all the court fashions and morals.

The Doctor is fond of foreign fashions and foreign morals. He reminds me of the boy who had a great hankering for going to sea. He stole off, and took a voyage. They put him before the mast, but it did not destroy his *grand passion* for the sea: but when he returned, and the old people kept him at home, they were astonished to discover how his ideas and manners had been modified by his foreign voyage, especially when they caught him one morning *defecating*—as the Doctor would classically express it—into the well, when they arraigned him for this breach of decency—he declaring that he had been so accustomed to \*\*\*\*\*g into the water, when at sea, that he could not possibly dispense with the luxury of \*\*\*\*\*g in the water since he got home.

After hearing a little more of this style of invective, the chairman rose and objected to the continuance of such filthy personalities, and appealed to the meeting for a decision whether they should be permitted. A vote was taken, and the meeting decided that the professor should have full liberty to say what he pleased. The audience seemed to enjoy the fun, and his opponents seemed desirous to draw him out as far as he would show himself.

The Doctor might be a great man, but his greatness had not been recognized by those who knew him; and he would say to the committee generally, not to worry the Medical College of Ohio to give them places. It was a well known fact in natural history, that when a sow littered she always had teats enough for all her pigs; and, although the college might not have teats enough for every aspirant at once, yet the chairs were often vacant, and if they would wait, and study, and make themselves great men, they might have chairs yet: but they should not grow impatient, and abuse the college, because their early associates and old friends, where they were raised, could not recognize their merits as sufficient to entitle them to a place.

But he was not insensible himself, to the distinguished merits of Dr. McIlwany. He was certainly a distinguished gentleman:—he had been to Paris—he was a profound theologian, and could quote more Scripture, irreverently, than any man he ever knew. He would doubtless make an excellent Professor of Physiology and Pathology; for, perhaps, he might not do justice to all the details of physiology—but the physiology of the body is intimately connected with that of the mind, and life is intimately connected with death and the life to come—and the gentleman is certainly profound in Scripture and Theology, so that if his pupils were not thoroughly instructed in the physiology of this life, they would understand perfectly that of the life to come; and if he did not make them all good physicians, he could, at least, make them all good Christians after his own illustrious example.

But such worthy gentlemen ought to exhibit their Christianity in their practice; they ought never to have set forth such a report—to have been so rash and hasty in their statements—a report utterly false from beginning to end, which had been ground into dust by Prof. Lawson, as much finer than snuff, as snuff is finer than potatoes.

Their statements about the mortality of the Hospital, will be gathered up and sent abroad by the irregular portion of the profession—their statistics will be circulated everywhere to our discredit—the Journal of Man and the Homœopathic journals will proclaim the terrible mortality; and heretical institutions will dilate upon the subject, to show the superior beauty of their own system, and make their own portals more attractive. Why, if I was a medical heretic, I would seize upon these statistics—this 30 per cent.—to destroy the college and the profession. I would proclaim it from the house-top, and in the street, they should see it everywhere flaming before them; in society and in the church, in the court-house and in the steamboat—the air that they breathed, and the soup that they swallowed, should be seasoned with 30 per cent.

They should never have turned their parricidal hands against the college and institution, to which they were indebted for their intellectual parentage.



This, Dr. McIlvaine denied. Are you not a graduate of the Medical College of Ohio? said Dr. Edwards. *I have the honor*, replied Dr. McIlvaine, with a dignified smile, *NOT TO BE*. Then I am relieved of a load, said Dr. E.

This personal bantering, the accusation of disappointed ambition, etc., brought Dr. McIlvaine and Dr. Judkins to their feet, in indignant denials of the charge. But the professor paid but little regard to contradictions, or refutations; and continued to assail the committee as a set of disappointed intriguers for place, whose motives for action and profession of philanthropy were like the Indian's piety, when in search of cider. He asked another Indian how he was so successful in getting all the cider that he wanted of white men, and was told that the proper mode of doing it was to be very pious, and to repeat a great many Scripture terms. And, accordingly, when he visited his white neighbors, he jabbered away, repeating all the Scripture names which he had ever heard—Moses, Aaron, Joshua, Nebuchadnezzar, Matthew, Mark, Luke and John; and, when asked what he meant by all that, he replied *cider*—~~cider~~ was what he wanted. So it was with all the fine professions of the committee—they were only after *cider*. Dr. McIlvaine, now so fierce against the Medical College of Ohio, was formerly an humble suitor for a place, and denounced the two rival colleges as deserving to have their charters burned in the streets by the public hangman.

Dr. McIlvaine pronounced this assertion false. Dr. Edwards reiterated, and referred to Dr. Mount. "I don't care (said Dr. McIlvaine,) *if the Angel Gabriel says so, it is false.*" Dr. Mount and Dr. Hopple confirmed the statements of Dr. McIlvaine, as to his language, and proved that he had not sought a position in the Medical College of Ohio; and, although he had expressed his willingness under certain circumstances to accept a place, he afterward requested that his name should not be presented at all.

Dr. Judkins, when the charge was made against himself, rose with considerable excitement, and pronounced it unqualifiedly and unconditionally, in letter and in spirit, *FALSE*. Dr. Vattier and Prof. Lawson were then brought out as witnesses, proving that without any application on the part of Dr. Judkins, Dr. Vattier as Trustee, and Dr. Lawson as Professor and Dean of the College, had offered Dr. J. a chair in the Medical College of Ohio, with the consent of Dr. Edwards and other Professors; but that Dr. J. had refused to accept the proposition, unless it was so modified as to include three other professors of the Miami College.

The manner in which Dr. J. arose and advanced toward Dr. Edwards, in contradicting his charge, excited some apprehension of a personal rencounter. But Dr. J. pronounced himself entirely cool, and appeared to rely wholly upon the strength of his position, which was sustained by the witnesses.

Dr. E. continued to denounce the committee, for attacking the

Faculty. They had charged the Professors of the Medical College of Ohio, with obtaining money wrongfully from the treasury. They had abused the college in every way. Formerly, they were called old fogies for bringing distinguished men from abroad, and not taking talented young men from at home; now they had appointed young men to fill the chairs, who belong here, but they were still dissatisfied, because they were not the parties chosen.

They have brought forward a scheme for a New Hospital, but they are altogether too late—the commissioners have laid their plans and attended to the business already; the committee now bring in their scheme, but it is perfectly stale and flat—flat as the Irishman's whiskey. Two Irishmen had earned a little money, and determined to have a frolic together; so each bought a pint of whiskey and put their bottles away till night. Some of the b'hoys came along, discovered the whiskey and drank it all up, but refilled the bottles with fluid of a similar color, by discharging their urine. When Pat and Murphy came to sit down to their frolic, and each took a swig at the same moment, they were both astonished and disgusted. Says Pat, "By the Holy Mother but its p\*\*\*." "Yes," says Murphy, "and d——d poor p\*\*\* at that." Such is the report of the committee—"its d——d poor p— at that."

They accuse the Faculty of defrauding the public treasury, in allowing money to be paid out by the township trustees for services which they were bound to perform, or pay for themselves. Messrs. Storer & Gwynne were consulted by the township trustees for their opinion of the law, who gave it as their opinion, that the payment of the trustees to the resident physicians was perfectly proper. The Faculty had acted legally; if they had approved of the payment by the trustees, they had violated no contract; it was but the expression of their opinion, when asked. The trustees were not bound to pay upon their recommendation—he wished they were. If they were, he would make them pay himself a hundred thousand dollars—pocket the money, and declare that the Trustees had swindled the treasury; but hold on to the proceeds, like some gentlemen of the committee, who declare that the money appropriated to the resident physicians was given contrary to law, who have thousands of dollars of that money in their pockets. If the payment be illegal, let a law-suit be commenced, and the money be restored; and let Dr. Judkins, who had pocketed four thousand dollars, disgorge it. It was infamous to see men who had participated in this transaction, come up and charge the Faculty with stealing—robbing the public of thousands of dollars—when the Faculty had not received a dollar of the funds, and the proceeds were in their own pockets. It was horrible, thus to assail the dead! Who would dispute the integrity of Drake?—who would assail the fair fame of Harrison, the very model of Christianity, Purity and Virtue?—who, that loved and revered Shotwell, would tolerate this attack upon his memory?—who, of these slanderers, would dare to repeat these charges

when passing by the graves of those men at midnight, even when flying at full speed? Was it not infamous, to think that he should be called upon to defend the fame of a father against the accusation of a son?—that he should have to step forward to vindicate the venerable and distinguished Muzzey from the assaults of his own son, who was a member of the committee, and who joined in this charge against the Faculty during the time that his father was a member of that Faculty?

For nearly an hour, Dr. E. dwelt upon this theme—holding it up in every light, and bearing down upon the committee as men guilty of an awful sacrilege. The Doctor is certainly a star actor; and, considering the trifling foundation for all this grandiloquent and pathetic declamation in behalf of the memory of the deceased professors, he certainly made the most of his position, and fought his battle mainly on a false issue. The committee were certainly as innocent as himself, of any intention to reflect upon the dead. In charging the Faculty with a legal error, or failure to comply with the letter of the law, they did not charge them with acting in a dishonest or fraudulent spirit.

Dr. E. dwelt upon his charges, with repetition and variation, until, as it was near midnight, his opponents concluded that he was merely speaking against time to kill the movement, and moved an adjournment of the meeting until Wednesday evening, which was carried.

Dr. E. insisted greatly upon his right to defend the Faculty, and carry the discussion as far as he pleased—insisting that the committee should give him a fair opportunity to overthrow their report that evening or the next, until it was accomplished—that they should, at least, be as fair as Sally Miller, who had the misfortune to be knocked up in the family way, by a young man of the neighborhood named Jacob. She applied to a Magistrate, who was Jacob's Grandfather, for redress, and succeeded in obtaining a compromise—Jacob agreeing to pay her three hundred dollars, with a liberal supply of flannel, sugar, tea, and coffee. But Jacob, fearing after all that it might be a mistake, wished to have a proviso for a return of his money, in that event. Sally appreciated the idea, and told him that she would be an honest girl—no doubt she would spend the money, and her father and mother would use the flannel, tea, sugar, and coffee—but she would be honest about it, and if she was not knocked up that time, Jacob might have another trial.

These smutty anecdotes appeared to delight the audience greatly, and the fame of the Professor's speech attracted a very crowded audience on the next evening. In the language of the Columbian: "The whole affair was rich and racy, beating all the caucus doings and plug musses, in a general way, we ever witnessed. We hardly believe a hall will be found in Cincinnati big enough to hold the crowd, who will want to be *in* at the next meeting."

**WEDNESDAY NIGHT.**—*Spirited Discussion—Grand Broadside from Young Physic—Tom. O. dosed with Cod-Liver Oil, Slathered and Kilt four times—The College too low for anything but Pity—When rogues fall out honest men get their due—Secrets of the Hospital—How the College begs for Professors—Gas, Glory, and 30 per cent. mortality—Dr. Newton's superiority confessed—Innocent Speech of Dr. Mussey—Dr. Wright's plan for catching Eclectics—Bogus Testimonials, hard swearing—Professors compared to Cowboys—Gas stopped at half past one, A. M.*

The room was crowded at an early hour, by M. D's., lawyers and inquisitive spectators. Dr. Woodward took the Chair. The minutes of the meeting of Monday night were read and adopted.

The resolution on which the discussion was pending, was read, and Dr. Langdon being entitled to the floor, proceeded to read the call for the meeting. He read the names signed to the call, in order, he said, to contradict an alleged assertion that the meeting was gotten up by the Miami School, and those seeking chairs in the Ohio Medical College. The report had not, though it had been asserted, been written by members of the faculty of the Miami Medical College. Those gentlemen had not even seen the report or known anything whatever of its contents, until it was submitted to the meeting.

Dr. Bouner arose and said that the report had been written by Dr. David Judkins, or the gentleman who had the floor.

Dr. Langdon then said that he had written it himself. Dr. L. then remarked that he considered that Dr. Lawson had, in his remarks at a previous meeting, entirely begged the question—having said that the other colleges had hospitals, and why take away the Commercial Hospital from the Ohio Medical College? Dr. Langdon was perfectly willing that all Colleges should have hospitals on equal terms—but he was opposed to letting the Ohio Medical College have exclusive use of a hospital which was supported by all physicians alike, by payment of taxes. The committee that made up the majority report had no angry feelings toward any member of the Faculty of the Ohio Medical College. In seeking for information to embody in their report they had first made personal observation, as far as practicable, and then had sought published statistics, in preference to applying to members of the faculty; he did not think the committee were to blame for that. He then defended the statement made in the report regarding the great mortality in the hospital, which had been stated at 30 per cent., but which Dr. Edwards had affirmed to be but 10 per cent. The committee had depended upon regular published statistics. According to the Report of the Township Trustees for 1850, to the General Assembly in the State of Ohio, there had been 2832 admissions to

the hospital (paupers included,) of which 403 had died. Of the 2,832 1,275 were paupers, and there were only 1557 who had had medical treatment—of these the 403 died. He also read from the last report, showing that out of 67 patients, 191 had died, making a mortality of 32½ per cent.

The learned Doctor considered that there was in the report to the Assembly, an attempt at deception, that all the paupers might be considered treated as patients. But according to their own acknowledged reports, the per centage of deaths was 15 and a fraction. During the time which these reports covered, it was said that Capt. Ross sent all who were able to go, out to the country, and he (Dr. L.) had heard out of doors that Capt. Ross sent persons to the country because they all died at the Hospital. In Paris, at the very hospital where the most desperate cases were congregated the mortality was only 12 per cent? The Hospital was not well governed. Dr. Langdon put the question, whether gentlemen had confidence in the physician who at present filled the chair of Surgery in the Ohio Medical College? yet that physician had the entire control of the patients at the Hospital, though far from being high in his profession. Dr. L. begged pardon for indulging in personalities, but an example had been set on the other side.

There was another gentleman in the Faculty of the Medical College, who, when a patient was shot through the liver thought that he would die—probed the liver four inches, and wanted to cut into the man, in search of the ball, when such an operation would have caused death in six hours. Was such a man worthy of peculiar public confidence, especially in this case, when another life depended upon the life of the patient? Such a man certainly should be indicted for aiding and abetting, and be tried for homicide.

Dr. L., next touched upon the *monopoly* phase of the question. If the Commercial Hospital could be taken from the grasp of the Ohio Medical College, instead of six Professors attending the whole, there might be twenty departments. The departments might be classified, the patients much better attended to, and the student's facilities for information vastly increased.

[The learned Doctor's schemes for a hospital, was on a gigantic scale.]

It had been stated that the committee in their report, had charged the faults of the Ohio Medical College with dishonesty in receiving money—such a thing had never been thought of. They denied utterly, ever having thought of imputing dishonesty in any respect to any of the eminent Professors who were dead. They charged that the money was paid out on the recommendation of the Faculty of Ohio Medical College, when that Faculty according to the terms of the contract, should have performed the labor themselves, or at any rate have paid for it.

Dr. Langdon sustained that portion of his report which condemned the appointment of non-resident physicians to the chairs of

the College. Such professors come here and deliver their lectures, and having no local ties go away as soon as the course is closed. By this the Hospital is often deprived of medical service altogether.

In fact, he had been informed by Mr. Death, the late Steward, that the Hospital had sometimes been without a physician, attending or resident, from one day to another, and that often he expected to be obliged to call in the nearest physician. Such facts induced the committee to report as they did. Dr. Langdon then brought forward evidence to prove other parts of the report, and did sustain the document throughout. He stated the design of the committee was to have the Hospital free from all College embarrassments—to have it in a building commensurate with its designs—to have the patients receive the best medical aid of the city—and to have it free to the investigations of every man devoted to the practice of Medicine or Surgery. As regards the personal allusions made to himself at the last previous meeting, he quoted from the *Columbian* and the *Times* to show that the speakers who made them, uttered language too vile to publish. He was content to let them have all the advantage they had gained.

He had the information of Dr. Judkins, that for one week, while he was in the Hospital, not a member of the Faculty of the Ohio Medical College visited it. And Mr. Death, the late steward, had told that for several days, there was no physician at all in attendance, and that he had a great notion sometimes to send out for medical aid from the nearest physician. It had been alleged that if the Hospital and College were divorced, the bonds issued for building the new College would be depreciated.

Such would not be the result. There was no alarm among the bond holders. Each one felt as safe as if he had the amount of his bond in gold in his breeches pocket. There was a gentleman in the city who would at any day redeem the bonds and give the institution to the profession, but he would not do it while the present Faculty remained an encumbrance.

In conclusion, he thought that he had proven the report to be something more than "a mere tissue of falsehoods," as Dr. Lawson had pronounced it. He dwelt in severe terms on the character of Dr. Edwards' speech, at the previous meeting, and read some newspaper comments on the same. He thought that the divorce of the College and Hospital would be mutually beneficial.

The above is but a brief sketch of the speaker's remarks. Though no orator, he made a favorable impression, and fully vindicated his report, which was so violently attacked at the last meeting.

Dr. McIlvane now rose to address the chair, and as he did so, the throng wedged in still closer toward the chair, for all were eager to hear the reputed keen wit of the speaker. As it was after midnight when the meeting adjourned, we shall give only an outline of the Doctor's remarks.

Dr. McIlvane commenced by remarking upon the statistics of

the Medical Hospital, first noticing the whole number of cases of *Delirium Tremens* taken in, and charging that the number of deaths bore a greater proportion to the aggregate of cases than they should. Out of 45 cholera cases in a given time, 24 died. Here, too, the number of deaths was calculated to weaken the faith of the people in the skill of the physicians.

The Senior Professor of the Ohio Medical College, (L. M. Lawson,) in commenting upon the statistics had remarked, that the skill of man was not sufficient to avert death in most of the fatal cases recited; true, but the skill of man should have saved more than 24 out of 45 cases of Cholera. In Hospitals were a much greater proportion was saved and restored, the physician's felt that a labored explanation of the causes of "so great mortality" was due to the public.

The reporter of the Gazette had incorrectly stated that, at the last meeting, the authors of the majority report had failed to defend their offspring; this inference was an inexcusable blunder, for it was expressly stated that the time of the meeting referred to, was entirely given up to the opponents of the report, that they might not be interrupted—it was particularly declared that the Junior Professor, [Dr. Edwards,] and ex-members of the 30th Congress, (laughter,) should have abundant opportunity for the expression of all his views—we knew he was a merciful man, and always administered chloroform before he cut down!

But to the statistics of the Commercial Hospital: In Dr. Lawson's report, he admits that out of 188 cases of pneumonia 35 died; lay this by the side of statistics already recited, and "judge ye." The Professors of the College, on the previous evening, had done little but "darken counsel." He hoped the junior Professor [Edwards] would pardon Scripture quotations, but it was that Professor who chiefly darkened counsel.

Dr. McL. read from a speech made in the Ohio Legislature, showing that out of 1712 patients admitted to the Commercial Hospital, 306 died.

It was not expected that the Junior Professor was conversant with the books, he being a great self-generating machine; but the Senior Professor was expected to be better posted.

At our last meeting Prof. Lawson repudiated the idea that the College was bound, by the contract, to render gratuitous services, and claimed the right to have the resident physician paid out of the funds of the Township. Here is a document signed by L. M. Lawson, recommending the payment of \$100, and the expenses of board to two appointees of the Ohio Medical College, one at least being resident at the Hospital. Yet he knew all the time that this was illegal, and now behold the proof:

In August, 1853, the Senior Professor is addressed by the Trustees, to know whether he insists on the salary of his appointee, Dr. S. Alexander; for, if he does, the contract with the Ohio Medical

College will be forfeited, the Trustees will hire their own resident physician, and eject the Ohio Medical College Faculty.

Here is the letter. Dr. M. then read the letter addressed to the Faculty, signed by Dr. Lawson, the Dean. In this reply the Faculty give up their claim for pay to their resident physician—repudiate his bill and profess themselves perfectly willing to abide by its law, and make all their services gratuitous. Quite a contrast to their special pleading, here denying that they were bound to pay their own resident physician. This document shows that such payments were illegal, and the Faculty gave it up when the question was brought home to them.

The Senior Professor stated in his speech, that Dr. Shotwell was not a member of the Ohio Medical College Faculty.

Prof. Lawson. And he was not.

Dr. McIlvane. We will see. Dr. Shotwell occupied the same chair now filled by Prof. Wood—he was Demonstrator of Anatomy. And you admit that Dr. Wood is a member of the Faculty.

He (Dr. McIlvane) would now proceed to pay his respects to the Junior Professor, (Tom. O. Edwards) whom he would examine in his triune capacity: 1st, of Geographer; 2d, of Chemist; 3d, of Diagnostician.

It was not a new thing for the Junior Professor to be a monopolist; he had learned that while representing the IXth District in the 30th Congress, there he acquired a name to which—in the language of the Missouri Lion—"he 'spects to add nothing." The geographical career of the Junior Professor is found in his programme of travels, while on his way to Congress, and to his political friend Greely, shall be left the record of his extraordinary geographical surveys on which the allowance for "*mileage*" was based.

The romance of his (McIlvane's) being a disappointed applicant for a chair in the Ohio Medical College, should be quickly disposed of. He had, in free conversation, stated there was a mania for making Professors and New Schools, "many of which ought to be buried by the hands of the common hangman," but it was not in the connection alleged. Dr. Mount was his personal friend and enjoyed the pleasantries as much as any person. He (McIlvane) was proffered a chair in the College, but declined it, though two votes were, unasked, tendered to him. Right here was his vantage ground, over the Professor, for he (Edwards) held his chair by the mercy of one vote, and but one. [Here, Dr. Mcl., called upon several Physicians, three of whom came forward and substantiated his statements.] The Doctor Professor held his seat by the grace of one vote, unaccompanied by the "works" deemed necessary by the Methodists; he held it on true Calvinistic principles—by grace alone—(laughter.)

Dean Swift had said, the devil was the Father of Lies, but he could be improved upon. The speaker thought Dr. Tom O. Edwards ought to take out a patent for the improvement!



Gentlemen living and breathing in glass houses should'nt throw stones.

But the Junior Professor charged that he (McI.) had been to France and used the language of the Boulevards. It was true the ex-member of the 30th Congress had not been to Paris, and did not feel familiar with the great names of his profession, and did not speak the language of the Parisian Boulevard, but he has evidently been to the Five Points and speaks the language of the Boulevard Sausage!

The career of the M. C., a Chemist or Pharmæcutist, No. 1, on Fourth street, must not be overlooked. In 1850, some cod liver oil was sent him for analysis; he pronounced the opinion that it contained "elementary pig," but it was his own cod liver oil that he analyzed, and he excused himself by saying that he depended on Brown and Smith for the analysis. When the chair of Chemistry was vacated by the profoundly versed Locke, the ex-M. C., and Junior Professor was proposed as his successor.

The party applied to partially assented, on the ground of the wide spread notoriety of the applicant, but stated that there must be an *adjunct Professor*, for the ex-member of the 30th Congress was proficient only in the *gaseous* department of chemistry! And this while the ex-M. C. was holding himself out, near the corner of Fourth and Walnut, as the center and circumference of chemistry! Verily, the Junior Professor should have a place with John Rogers in the almanacs.

But the last act in the professional drama—he would not say farce—of the ex-M. C. was by the bedside of a wounded citizen. [J. C. Hall.] Before the Police Court the Junior Professor swears: "I probed about four inches and found nothing; did not find the bottom of the wound." Shade of Cooper defend us!

[Dr. McI. proceeded at length to quote the entire statement or "bulletin" of Prof. Edwards with regard to the state of Mr. Hall's health and the progress of convalescence, &c., and contended that after Mr. Hall had "slept," on the night he was shot, he could not have died if he had tried.]

Let us (continued Dr. McI.,) have a new book, "Edwards on Diagnosis"—there must be new chairs added to those now in the Ohio Medical College. Let us have one of "Military Surgery and Physiology," and one of "Bathology," to be filled by the member of the Thirtieth Congress! Why the Junior Professor had, according to his own statement, taken upon himself the functions of *Priest* during the first night of Mr. Hall's confinement—perhaps he will be ordained by an Onderdonk. Had the member of the Thirtieth Congress lived before the flood and passed in review before Adam when the Lord had asked the latter to name all creation, the first man would have failed to class him—in after times he would have been named "the Great Gasometer for the Generation of Steam!"

Dr. McI. ended by remarking that he would repeat the last sen-

tence in the Junior Professor's speech: "I am responsible here and elsewhere for what I say," though he knew there was no danger, for the member of the 30th Congress believed with Hudibras, that

*He who fights and runs away,  
May live to fight another day.*

Dr. Bonner followed, and declared his entire assent to the report of the Committee; he would labor for the ends proposed. It was needless for him to advance a single argument, as the report of the Committee was already triumphantly sustained, and every position had been proved true.

Dr. Smith said he had been alluded to by Prof. Edwards, as occupying a "delicate position." He was a Professor of the Dental College, but he was the fast friend of the Ohio Medical College. The present movement was not carried on by friends of rival Institutions—it was carried on by men who desired to ameliorate the condition of the poor and sick of Cincinnati, and to benefit the medical profession at large.

Dr. Thornton next rose. He had been attacked grossly. It had been published that it had been said of him that if the unwritten history of his appointment as physician of the pest house were written, he would shrink from the gaze of honest men. He felt called upon to defend himself.

When the committee of which he was a member was appointed, he was not present, or he would probably have resigned.

It was strange how his appointment as physician to the pest house had been dragged into this controversy. He had never applied for the appointment. It had been proposed to him by Capt. Ross, and he had accepted. It was the duty of the pest house physician to visit the house once per day if necessary, and he was paid \$200 a year for that service. The ex-member of the 30th Congress had offered to do it for nothing, and he had also offered his services gratis to the House of Refuge. He was the under-bidder.

So the "unwritten history" was written, and what awful thing was in it?

He was not in the habit of speaking, particularly when assaulted in the dirty style that he had been. He never knew the ex-member of Congress to have but two cases—one was the famous liver case, and the other a case of cholera, the patient dying in a few hours, strychnine being administered to him.

Dr. Dodge had detailed private conversation and misstated what had been said. In respect to what was said of Dr. Newton, he (Dr. T.) had said once that he believed Dr. Newton was as good a surgeon as some others who proposed to teach surgery, and he believed so yet. As Dr. Dodge had detailed private conversations, he felt himself justified in doing the same. Dr. Dodge had said that he had no confidence in the organization of the Ohio Medical Col-

lege, and should, in consequence, send his students east. Such was the feeling of all persons not interested directly. In fact what confidence could anybody have in it. The College was ruined by the selfish and contemptible policy of the Faculty.

Dr. Muzzey Jr., attempted to address the meeting, defining his position, disclaiming all party spirit or hostility to the College, and asserting that common humanity demanded the erection of a new Hospital. This was his principal object. Dr. M., however, was so dull and tedious in his delivery that the audience became impatient and endeavored to scrape him down. He appealed to their forbearance, and by the assistance and protection of the chair contrived to finish his speech. Dr. Mussey, senior, is said to have raised his boys on a strict vegetable diet, and the very harmless and spiritless remarks of the young Doctor would not be inappropriate to a diet of turnips and cabbage. Dr. M., however, picked up spirit to say that he had no desire to attempt to rival Dr. E. in his peculiar style of personalities.

Dr. Wright took the floor. Too much time had been used up in irrelevant discussion, in personal abuse; and it was high time to get at the resolution. But it was deemed necessary that he should reply to some personalities that had been maliciously directed toward him. It was not inconsistency in him, because he had once labored long and hard for the Ohio Medical College at Columbus, when there was war to the knife between the Ohio Medical College, and the Cincinnati Medical College. But he bore his own expenses, except the cost of going and coming. [Unlike Dr. E.] He would "acknowledge the corn" that he had personal feelings in this matter, he had been pursued by them with virulence; they had driven him from his chair, and he had vowed that the war should be a war of extermination. The Treasurer of the Trustees of the College, Adam N. Riddle, had on one occasion, said to an honorable gentleman in this city, that they had their foot upon his (Dr. Wright's) neck, and he never could rise; and so help him God, he would take that cloven foot from his neck and raise, and he was always ready to be at war with such monstrosities. So much for his personal feelings. The Institution that once had all his energy and his best talent had now only his pity—profound pity. He was enlisted against the monopoly; he would do battle against it. He thought the College would in three years be as dead as a door nail, unless the College and Hospital were severed. He advocated the entire disconnection of the College with the Hospital.

Dr. W. then took a look at the question in a legal point of view. The law was clearly on his side, and so was justice. If the opposition had had the right on their side, and the law, they would not have poured forth such a flood of vituperation and abuse.

The Medical College had in itself no attractions to students from abroad. What brought medical students to great cities was the extent and value of the hospitals, and under the present arrange-

ment the hospitals were scattered, broken up. The present plan was to have one grand hospital, commensurate with the wants of the people, and where students from abroad would find something beside bare walls. It was impossible for one man, whatever his capacity, to attend to the hospital, and give lectures in the Medical College; and the history of the past demonstrated that, when one part was neglected, the Hospital suffered. If the medical men were multiplied in that house, the advantages were multiplied.

He wished proper provision made for the sick. He had attended on them twelve years, and knew their wants.

The learned gentleman consumed some time in advocating the position, that if the Hospital was divorced from the College the medical attendance at it would be better. The Trustees would select from a wide range, and get the best men—the very best that could be had.

At present they could not get their first choice—they had to take second or third rate men. There was one thing in the majority report that he objected to. It first asked for a new Hospital and then wished for a divorce from the Medical College—the positions should be reversed. Unless the two Institutions were divorced, there would be no necessity for a new hospital. The present Hospital was large enough for all the patients it would get under the present Faculty.

Dr. Dodge had shed tears that wet the paper, in fear that if this new movement was carried out, an "Eclectic" might get in.

The cry had been raised that if a more liberal policy was pursued the Eclectics would get into the Hospital, and Dr. Newton would be a clinical teacher. What a terrible man this Dr. Newton must be to frighten the whole profession?

He charged it upon the College that their illiberal course was the cause of nine-tenths of the quackery. They attempt to crush every one who does not precisely coincide with them in this or that and drive them out of the profession. Now the young men who come to the Eclectic School honestly believe that our practice is a murderous system. If we would admit them to the Hospital, treat them as gentlemen, and let them see what our practice is, they would be disabused of their prejudices and brought back into the regular profession.

(That experiment has been already tried one winter, Doctor, and it worked entirely the other way. The Faculty of the Ohio Medical College will never dare to repeat the experiment if they can possibly avoid it. That Faculty has always known too well that free intercourse would be a death blow to Hunkerism.—Eo.)

Let such a course be pursued, and in three years we would have five hundred students in the city. [The Doctor forgets that we *have had* about five hundred the past year, but three hundred of them were Eclectics!!!]

He had once a pride in giving his best services to the College

when it had a distinguished Faculty, but now what was it? The College was down and the Hospital dwindled away. In one of the departments, where he had been accustomed to attend forty or fifty patients, there were now merely three old women as nest eggs. He pitied the College—he would not injure it, he could not kick a cripple. The course he desired would raise the bonds of the College 25 per cent. in value.

Dr. Edwards rose to answer Dr. Wright, when Dr. Thornton demanded the previous question, but the meeting, though it was after midnight, would not sustain the motion. A motion to adjourn was voted down, when

Dr. J. J. Quinn jumped to his feet and indignantly denounced the report. He thought it malicious and unjust for gentlemen to make remarks to be spread on the wings of the Press that the Ohio College in Cincinnati could not save more than one-third of the patients in the Hospital. The committee knew better. It was a libel—Quackdom would take it up, and their statements would be heralded to the disgrace of the Ohio College.

Dr. Edwards about one o'clock got the floor, and read from letters to show that the partisan opponents of the College had endorsed the faithful attendance of the Faculty. Dr. Langdon called on Dr. Judkins, who stated that when he was resident physician there was a period of eight days, when not one member of the Faculty visited the Hospital.

Dr. Edwards read a letter from Dr. D. Judkins acknowledging that while he (Dr. J.) was resident physician, the Faculty had been attentive, (Laughter and applause.)

Dr. Judkins reiterated his assertion, and contended that his letter was not inconsistent with the fact he now stated. Dr. J. next called up Dr. J. B. Smith, who rose with a jerk and said while he was resident physician there had passed four days at a time without the appearance of the Faculty or any member of it, at the Hospital, although, said he, I know you have my letter there too, (flourishing a bundle of letters.)

Dr. Edwards—We'll settle your case. He then read a letter from Dr. Smith which commended the conduct of the Faculty. (Laughter.)

Dr. Smith said he had written that letter for a particular purpose. (Laughter.)

Dr. Edwards—And I read it for a particular purpose. (Laughter.)

Dr. Judkins jumped up and contended that if there was a sensible man in the house he could demonstrate to him that there was no inconsistency in his course, and that the documents read by Dr. Edwards, had nothing more to do with the question in hand than the Chinese language had.

Dr. E.—They may be just as difficult for you to understand as the Chinese language—I have no doubt but they are. (Roars of

applause, during which Dr. Judkins' eyes became singularly bright and he took his seat.)

Dr. Edwards read a letter from Absolom Death, speaking highly of the conduct of the Faculty at all times. Edwards also read letters from medical gentlemen, to show that Dr. Wright was unfit for the station he had held as Professor—Dr. Wright had better reserve his kicks for those who kicked him. The Doctors who had written one thing, and stated another, reminding him of the man in Hocking, who said he had never lost a lawsuit since his oldest boy got big enough to swear, cause he'd swear to anything. They were like the Cow Boys of the Revolution, who fought on both sides and robbed on both sides.

Dr. Edwards proceeded to state that Dr. Wright, who claimed now to be working to throw open the Hospital to the profession and for the benefit of the poor, had spent a winter at Columbus in an effort to get a bill passed to give the Hospital in charge jointly to the Delaware Methodist School. He had labored zealously once to keep the Hospital and College connected together, and if it was right then it was right now. Principles do not change though men may.

As to the remarks about his having no practice, he expected to get as *much* as he deserved. As to the dirty insinuations about the liver case he would not answer them, for he would'n't touch their author with a ten foot pole, etc., etc.

About half past one o'clock the meeting adjourned to Thursday evening.

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THURSDAY NIGHT.—*Grand Preparations—High expectation and general fizzle—Hot squabbles—Talk about Honor and Honesty—Wrestle on Statistics—The Dean of the Faculty floored—Congressional botheration and bedevilment—The question is "What is the question?"—Tom O. in his glory—"Montes parturiunt" and "Ridiculous muss."*

All rushed to the meeting, determined to sip wisdom from professional eloquence, and laugh at the antics of the doctors.

The Physicians too were there. The forces of the Ohio ranged in line, in the north-east corner. The followers of the Miami, and those who worship at the scientific altar of the Cincinnati, presented a terrible appearance on the other side of the room; and here and there were seen a platoon of Eclectics, or a file of Homœopaths, their faces glowing with smile, their eyes sparkling with delight, and their hearts made glad by the hostilities among their once united enemy. Young Physic drew his sword, while the Old Monopoly prepared, to charge bayonets in a desperate manner. Crowded was the hall, jammed was the people, and (in-

high, but who in debate have used the most abusive personalities, and led the community to believe that they are not as reliable as they should be. It was wise in them to close their discussion last night, for I conceive it only safe for them to fight when they are at a respectable distance apart. Next time you shoot at each other, Gentlemen Doctors, do it privately. Your powder don't smell well in the public nose.

Thus ended the first campaign.

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**TUESDAY NIGHT.—Last Meeting—Final Finality—Young Physic Triumphant—College in full flight—Out of sight—The Immortal Tom nowhere—Unanimous Resolutions—A Grand Hospital in Prospect—Uncle Sam called on for the Surplus Funds.**

"TO YOUR TENTS, O ISRAEL!"—"OPEN AND DIRECT WAR."—The sixth and last meeting of the Doctors was held last night in Greenwood Hall. The call was for the "Regular Profession"—real calomel and jalap prescriptionists—but they did not all turn out. Perhaps some were sharpening lancets, perhaps some were attending funerals; suffice it, there were only about fifty persons, Old and Young School. We discovered, on entering the hall, that there was not going to be much of a conflict, for the old war-horses of monopoly were not present. They, no doubt, had expended their ammunition in the previous engagements, and concluded to let the affair take its own course. There were no opponents of "the Third Resolution" present, and the enemies of the "Old Monopoly" just had their own way about everything.

On motion, Dr. W. H. Brisbane was called to the Chair. It was, however, with some reluctance he accepted the honor, and not without an apology. He said that it was very unexpectedly that he took that position, but presumed it was the duty of any gentleman who attends a meeting to accept any office which may be legitimately assigned him.

Dr. Brisbane, remembering "other days," gave fair warning to the Doctors that should any of them make use of "personal vituperation or abuse of character against any member of the profession, he should feel called on to order such speaker to his seat." Hoping for better things, (in view of the fact that there was but one party present, we suppose,) he trusted that the disgraceful scenes which had heretofore characterized their meetings, would serve as a lesson, and deter any ungentlemanly speech or action.

After this word of caution, which evidently had a mollifying effect upon the Doctors, the minutes of the last meeting were read by Dr. Langdon.

The President was in doubt as to whether this was an adjourned

meeting, or a meeting de novo, and after discussing this point for twenty minutes, the perplexity was settled by a motion from Dr. Bonner, that the "third resolution" be taken up. Our readers have seen it often enough to make their eyes sore, but here it is again:

*"Resolved,* That said Hospital shall, in its government, be disconnected from any other Institution."

Dr. Judkins was in favor of deferring the vote upon it until there might be a larger meeting. He knew not why all the opponents of the measure were absent, but it was so, and many of its friends were also not present. He desired a fuller expression than this meeting would give it.

Dr. Thornton said, the meeting had been announced in the papers, and if persons were not present it was from inclination. The opposition had endeavored to TALK the question to death, but failing in that, they had purposely absented themselves, so the meeting might be pronounced a failure.

Dr. Webb moved the previous question.

Dr. Johnson opposed it.

Dr. Bonner said that heretofore "outsiders" had done the voting, and now, when they were excluded, those opposed to the measure were afraid to come, for they saw their die was cast. He thought as many medical men were present as at any previous meeting, and therefore moved the previous question.

After some further talk by Drs. Wright, Judkins, McIlvaine and others, "the third resolution" was passed without a negative vote.

The Chairman, however, not being well posted in the facts of the case, declined taking part against the College.

On motion, a committee of seven, consisting of Drs. Bonner, Langdon, Fries, D. Judkins, Tate, Dandridge and Woodward, were appointed to draw up a memorial to present to the next Legislature, praying that the government of the Hospital be disconnected from every other institution.

On motion, a committee of three, consisting of Drs. McIlvaine, M. B. Wright and Bonner, were appointed to wait upon our Representatives in Congress for this district, and urge the building of a Marine Hospital, in connection with the Commercial Hospital.

With breastplates polished and bayonets glittering, the bold army then marched from the hall, shouting, "To your tents, O Israel!" War, uncompromising war upon the "Old Monopoly!"



## EDITORIAL.

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### WAR AMONG THE REGULARS.

*Grand Battle between the Physicians who hold Professorships, and the Practitioners who refuse them—Conspirators fall out—The whole truth is told, and the Devil gets his due.*

The preliminary skirmish noticed in our last, between the Professors of the Medical College of Ohio and other Physicians of the Orthodox Profession, which came so near resulting in fisticuffs, was but the opening of a campaign which has since been carried on with no little vigor. On Friday evening, September 30th, another meeting in accordance with the adjournment was held at the Mechanics' Institute; on which occasion, a report was made strongly condemnatory of the Medical College of Ohio, in its medical management of the Commercial Hospital, and urgently recommending that the Hospital should be disconnected from all medical schools. This report, which we herewith present to our readers, is terribly severe in the facts which it states. In our own criticisms upon the medical management of the Commercial Hospital heretofore, and in all the contests between the Eclectic and Hunker parties, nothing so severe has ever been adduced against the Medical College of Ohio.

Dr. Langdon then read the following REPORT:

"Your committee, to whom was referred the subject of fully investigating the condition of the Commercial Hospital, with instructions to report, beg leave to submit the following:

We have visited and examined with minuteness and care, the institution in this City, known as the "Commercial Hospital and Lunatic Asylum;" and find it, in our opinion, totally inadequate and entirely unsuitable for the purposes intended.

Taken as a whole, it is illy calculated and poorly provided to afford even ordinary accommodation to the sick. The stairways are so arranged as to make the means of access from one part of the house to another, difficult and exposed to the weather; many of the timbers supporting the main floors, are in such a state of rottenness as to render the condition of the inmates personally unsafe; the floors are old, decayed, and water soaked with frequent scrubbing, giving the apartments that sickly odor arising from dampness and decay; the walls are cracked and dirty; the wood-work, such as base, window and door-frames, pilasters, etc., are warped and sprung from their places throughout the house, affording warm, dry and comfortable hiding places for vermin, such as cock-roaches, bed-bugs, etc., and, from the evidences afforded your committee, these uncleanly and annoying animals have not hesitated to avail themselves largely of the occupancy—their name in this house is legion.

The principal wards are capable of containing from thirty to forty beds, and this where the ceilings are but nine feet in height, with a damp and rotten floor, can not be called either a safe or proper place to treat disease in with any prospect of success. There are but two bath rooms in the whole establishment, and these are small, filthy and poorly provided for; the water closets are small, dirty, and not at all commensurate with the wants of a proper Hospital.

The appendages and out-buildings are equally filthy, and out of repair, such as cook-room, wash-house and stabling. The drainage of the premises is bad, being left to accumulate in many places, and thus unhealthy air is generated.

The average mortality in this house, for the past year, is about thirty per cent., when, in a properly arranged, modern institution, it is but eight and one-third per cent.

Your committee are of the opinion that the last mentioned fact, with the condition of the house previously shown, make a strong argument in favor of the inadequacy and entire unsuitableness of this building for a hospital.

The City of Cincinnati owns a lot of ground in the north-western part of the city, and bounded on the west by Western Row, and on the south by Twelfth street, and on the east by Plum street, in the center of which last named street runs the Miami Canal. This lot is a fraction larger than four hundred feet square; and was purchased in the early history of Cincinnati expressly for hospital purposes, and is admirably situated and fitted for the reception of a building that will comfortably and curably accommodate the sick, whether they be poor or able to pay their way.

Your committee were pained to learn that the sale of this lot, or at least a portion of it, was in contemplation. We hope that this part of the subject will receive your gravest attention, and that you, and, through your influence, the public will be aroused to put their seal of condemnation at once, and through all time, upon such a sale, and for the following reasons:

1st. The City of Cincinnati owns the ground, and it is paid for.

2d. Its original cost, compared with its present value, is scarcely worthy of consideration.

3d. Through wise and prudent legislation, it was purchased for a good and a holy cause, and should not be permitted to pass away from that design.

4th. Its situation is particularly eligible for such a purpose, for two reasons. First: Light and ventilation from three permanently laid out thoroughfares—the one on the east, which in all true architecture is the source of light—has the canal in the midst thereof, making a permanent and beautiful avenue on this front, not less than one hundred and thirty feet in width. Second: The size of this lot admirably adapts it for the purposes of a Hospital; allowing ample room for the erection of the main structure, and all other necessary buildings pertinent thereunto, and leaving roomy grounds which, with proper adorning, will afford nice walks for the convalescing patients, and be at the same time an ornament to that portion of the city.

5th. The time has arrived in the history of the "Queen City of the West," when this new building *must be erected*. Public opinion is ready for it, common justice calls for it, philanthropy demands it, the coolest

and most selfish calculator, whose heart rarely sympathizes with the sick man's pain, will not oppose it. Let us, then, use our influence to prevent the sale of these grounds, and assist, by all the honorable means in our power, the efforts already commenced by the officers of the Infirmary, with Captain Charles Ross at their head, to push the matter of a hospital building to immediate completion.

Your committee did not feel willing to close their report without a reference, somewhat in detail, to the medical government of said Commercial Hospital and the effect it had, in their opinion, upon the general profession by such a government.

The entire medical supervision of this establishment is, by law, vested in the Faculty of the Ohio Medical College; they have the control of the clinical practices of the only Hospital that has ever existed in this City; they appoint, without consulting any other medical authority, all the resident medical officers, and, be it remembered, that this monopoly is managed by but six medical men, a portion of which number, when changes take place in said Faculty, (and they are not without precedent) are often gentlemen from a remote part of the country, or from some neighboring village, who have no immediate interests that are common to our local institutions.

No arguments are necessary to prove the great usefulness, and indeed the absolute necessity of good hospitals; they are an essential portion in the economy and healthful history of an intelligent people.

Their objects are two-fold. 1st. That the transient sick and afflicted of our race may have a comfortable and well-regulated abiding place, where their diseases and injuries may be treated with educated skill. 2d. Their government should be such that free access could be had by all respectable practitioners of medicine and surgery, as schools of experience in the art that heals.

Your committee do not intend to take the ground that there is a lack of skill on the part of the medical officers connected with this institution, but they do say, and have already proven in a previous page of this Report, that the building, as it now stands, is not only uncomfortable, but absolutely unsafe, and a disgrace to the City. The medical government of this Hospital conflicts directly with our second position in this part of the report, from the fact that the Faculty of the Ohio Medical College enacted a by-law many years since, which effectually excludes the physicians of the City from visiting the wards of the Hospital, or being present at operations that may be performed, unless a special invitation be extended by a member of the Faculty.

For instance, the resident medical officer of the house is not permitted to take his friend—who calls for that purpose—through the wards and show him the cases and their management, unless he receives special permission to do so.

Your committee can not fail to regard such an arrangement as one calculated to deprive the mass of the profession of a great source of experimental and practical knowledge, that would do so much toward enlarging, in their hands, the means of relief to the suffering.

Upon the whole, then, we regard the present medical government of the Commercial Hospital as a monopoly, and we further state it as being without a parallel in the United States of America, as there is not a hospital, the ownership of which is public, that is controlled by any Medical

College: or, if so, its history is so obscure as to have prevented the committee from finding it out.

When the Legislature of Ohio, in the year 1818, chartered this institution, they made a contract with the Faculty of the Ohio Medical College to this effect:

Said Faculty, for certain privileges, were to render, *gratuitously*, all the medical and surgical service that the patients in the Hospital were in need of. The law reads very plainly; let us for a moment inquire how faithfully this bargain has been kept, and whether anything has been done, from time to time, likely to interfere with the legal claim that the said College may have had upon said Hospital.

The law, after granting the privileges referred to, and stating that they shall render "gratuitous medical service," goes on to say that when they fail to comply with the terms of the contract, "they shall be debarred from all connection with the said Hospital."

Your committee assert that thousands of dollars of the public money have been paid to resident medical officers, and that said money has been paid upon the written recommendation of the Medical Faculty in said College. Does this look like gratuitous services? Again, this same Faculty recommended that one of their own members should be paid \$350 a year for medical attendance on the Commercial Hospital and out-door poor—and, as an additional salary, the expenses of keeping his horse should also be paid out of the public treasury.

This has all been done with a contract in existence between the State of Ohio and the Faculty of the "Ohio Medical College," that said service should be performed, without charge, by the said Faculty. We also assert, that at one time, for a period of ninety days, this Hospital, containing near three hundred patients, was without legal medical service, the chairs in said College being vacant for the length of time referred to above, and they being the only medical authority, and yet non-existent; of course, no self-constituted power could fill the vacancy thus created.

In conclusion then, Mr. Chairman, your committee feel fully authorized to say, that the Cincinnati Commercial Hospital, in its condition as now existing, is an unjust monopoly, and under its present medical government is incapable of proper accommodation to the sick; and, therefore, we offer for your consideration the following resolutions:

*Resolved*, 1st. That all fair and honorable means in our power shall be brought to bear in preventing a sale of any portion of said hospital lot.

*Resolved*, 2d. That we will assist, to the extent of our ability, the efforts now in progress to secure the erection of a new hospital building on said lot.

*Resolved*, 3d. Said Hospital shall, in its government, be disconnected from any other institution.

All of which is respectfully submitted.

[Signed.]

O. M. LANGDON,  
STEP'N BONNER,  
J. E. SMITH,  
W. H. MUSSEY,  
R. R. McILVAINE,  
W. P. THORNTON.

Cincinnati, Sept. 28, '53.

This report, which is believed to express the sentiments of the profession generally—who are utterly disgusted with the hunkerism, selfishness

and chicanery of the Medical College of Ohio—was the subject of a discussion held in the Mechanics' Institute, on Monday evening, October 3d. At this meeting, we had the pleasure of being present, and were certainly highly amused by the gladiatorial exhibition which it presented. The College orators, standing at bay against their assailants, not only defended themselves, but carried the war into Africa in their own peculiar manner. Prof. Lawson first attacked the report in a long, dry, pettifogging harangue, in the style which usually characterizes his operations. He threw some light upon the subject, but decidedly failed in meeting the important positions of the report. According to his own admission, the mortality at the Hospital had been sixteen and two-thirds per cent., which is twice as great as in well-regulated institutions generally.

He endeavored to appeal to the pride of the faithful, in behalf of their College, and to alarm their fears by the threat that the independent party—the Eclectic Reformers—would profit by their quarrels, and attempt to obtain possession of the Hospital. But the appeal entirely failed to reach the sympathies of the audience, some of whom declared that they would as soon see it in the hands of the Eclectics as under the present management.

Dr. David Judkins, one of the leaders of the opposite party, boldly and candidly stated, that he had no fears of the evil result of throwing the Hospital open to competition, and trusting to the discretion and intelligence of the people, that if others could treat disease better than he could, he was willing to learn from them—that no monopoly which required to be protected by the walls of a college, in exclusive privileges, could or should be sustained in our free country. The monopoly which gave the control of the Hospital to the College, was an anomaly in our institutions, and one which must be abolished.

The legal claims of the College he demonstrated to be entirely invalid, as the legislative act, regulating the two institutions, required the Faculty to give all the medical services necessary to the Hospital, *gratuitously*, under the penalty of forfeiting their hold on the institution; when, in fact, they had uniformly procured from the township trustees a salary in payment for the resident student, to whom they entrusted the immediate supervision of the Hospital. Nor could the power of the legislature protect this monopolizing relation, since the Hospital was a local institution, to which the legislature had contributed only about four thousand, six hundred dollars, which amount would be forfeited if the legislative rules were violated. It was, therefore, perfectly practicable for the local authorities to proceed without regard to the Medical College of Ohio, which had violated its contract, and to the State authorities, whose interest in the Hospital was but a trifle.

Dr. Tom. O. Edwards next came forward as the champion of the

College, and tauntingly defied the friends of the report to defend it, using very provoking and insulting language to draw them out. These gentlemen, however, appeared determined to draw out the entire broadside of the College before returning the salute, and waited patiently for Dr. E. to discharge his batteries.

Dr. Edwards is certainly a remarkable man; with a rare talent for demagoguery, invective, buffoonery and vulgar wit, he is well calculated to distinguish himself in a fierce, political contest; but in a scientific or philosophical discussion, or in a meeting of respectable members of the medical profession, his peculiar talents are as much out of place as "the bull in the china-shop"—a character which he performed to the life—smashing everything around him which combined fragility and beauty.

Laying aside entirely the merits of the question, and boasting over the exposition of Dr. Lawson as conclusive, he took up the subject as a matter of pure personality, declaring his intention to dissect the members of the committee individually, instead of their report. Dr. E. certainly made the most of his position, and with the exception of Dr. Bonner, whom he pronounced an honorable gentleman, lashed the gentlemen of the committee, individually, in a style of billingsgate of which we can only find examples in criminal trials, when the counsel of notorious criminals undertake to demolish the character of every innocent witness, whose testimony is dangerous to the culprit. Drs. McIlvaine, Massey, Thornton, Smith and Judkins were, for more than two hours, subjected to a flood of invective, abuse, buffoon, ridicule and serocious denunciation, not even paralleled by desperate attorneys in courts of justice, where the smutty and obscure language of the Professor would have been promptly rebuked by the judge. Indeed, the chairman of the meeting protested against such personalities, and appealed to the audience to know whether they should be permitted. A vote was taken, and the majority decided to give the Doctor free scope, and let the fun proceed.

It was certainly an amusing scene, in the way of filthy wit and ludicrous personalities, which no respectable newspaper could fully report; but he failed entirely to exhibit the strength of his cause, as the only important point which he made, was the unsuccessful effort to show that the report was a mere matter of jealous rivalry against the College. Drs. Judkins and McIlvaine were ridiculed as hopeless and disappointed aspirants to a place in the College, which brought out in self-defense several confidential conversations, proving that Dr. Judkins had been desired to take a place in the Medical College of Ohio, but would not accept; and that Dr. McIlvaine, whom one of the trustees had desired to take a place, had also refused the position.

The great burden of the serious portion of the Doctor's speech, consisted in representing the committee as charging all the past Professors of

the Institute with corruption and fraud, in allowing their resident students to be paid by the township trustees; when, in fact, the committee charged nothing personally dishonorable, but merely contended that the Faculty had failed to comply with the law. The prominence which he gave to these gratuitous and far-fetched remarks, a mere piece of Congressional Buncombe, evinced a disposition to shun the merits of the question, by raising a false issue, and certainly demonstrated the weakness and desperation of his cause.

Dr. E. boldly declared that he stood forth as an individual, pecuniarily and personally responsible for everything he said, and seemed to invite an attack; indeed, it was apprehended in the course of the evening, that a personal collision would arise from the fierceness of his language. Having spoken against time until about half past eleven o'clock, the Doctor yielded to a motion to adjourn, to meet again on Wednesday the 5th.

At the meeting of Wednesday, October 5th, the interest and curiosity excited by the reports of the papers, brought together a larger collection than could gain admission to the lower room of the Mechanics' Institute, where the meeting was held.

The debate was opened by Dr. O. M. Langdon—the Secretary of the Association and Chairman of the Committee, in defense of the report—who proceeded in a very quiet, gentlemanly and careful manner to review every position advanced by the champions of the College.

They had pronounced the report, he said, one entire tissue of falsehood and misrepresentation; but he would substantiate every position in it, partly by the admissions of the Faculty themselves. It had been charged by the Faculty that the committee who made the report, were merely disappointed aspirants to a place in the Medical College of Ohio; yet several of the committee, it was well known, were not and never had been aspirants to a professional chair in any institution; and the only gentlemen concerned, who had borne any relation to the professorship of that College, were gentlemen whom the trustees desired to obtain as professors, but who refused to serve. Nor was this movement instigated by any other medical college. Not a single professor of the Miami School had anything at all to do with the getting up of the report. Having demolished this piece of demagoguery, Dr. Langdon was equally successful in sustaining the entire course of the committee. So far from having taken an ex-parte course to criminate the College, the committee had visited the institution, had invited one of the professors to accompany them in their investigation, and had consulted the official records and the reports of the Faculty. These were public documents, accessible to the whole community, which needed no professors to interpret.

Another member of the committee, Dr. Mussey, stated that he had

called in person upon the Dean of the College, and obtained from him a part of the documents upon which the report was based.

In addition to the statements of Dr. Langdon, each member of the committee, in the course of the evening, made a similar declaration, that he had no hostility whatever to the Medical College of Ohio, but wished its success; although they deemed it their duty to separate the College from the Hospital. A leading motive, as avowed by several members of the committee—by Dr. Mussey, Dr. Thoraton, Dr. Bonner, Dr. Smith, formerly a resident physician of the Hospital, and indeed by all—was to render the Hospital efficient as a benevolent institution, which might yield that service and assistance to the sick which it failed to do at present. They disclaimed all desire to give the movement a partisan character, regarding it as a measure of benevolence of the highest necessity.

As to the filthy, dilapidated and unsuitable condition of the Hospital, the committee were fully sustained by the universal knowledge of the fact, and by the language of Prof. Lawson himself, which was quoted and read. As to the extreme mortality of 30 per cent., of which the Faculty had so loudly complained as an unjust charge, Dr. Langdon quoted their own annual report, showing by the figures that the absolute mortality, during the entire term, embraced in their last report—about eight and a half months—was not 30 per cent., but over 32 per cent. He then took up previous reports to the legislature, and exhibited a mortality ranging from 17 to 25 per cent.; and in tracing out the mortality, he showed up the juggle practiced by the Faculty upon the legislature and upon the public, in setting forth the entire number of paupers and patients received in the Hospital, and calculating the mortality upon the whole, instead of estimating the ratio of mortality by the actual number of patients.

This juggle of the Faculty, which we analyzed and exposed to the legislature of Ohio, in '48 and '49, was brought forward and exposed with irresistible effect on the present occasion. The same facts and figures which we then developed for the first time, when we made war upon the monopoly alone, were brought forward by the committee in their conclusive demonstration. These facts as presented by ourselves, then embodied in a report of a committee of the Senate and now presented by the general committee of the Regular Profession, constitute an unanswerable demonstration of the entire unfitness of the Faculty of the Medical College of Ohio, for the superintendence of such an institution. In the language of our old memorials to the legislature, "more than one-sixth of all who are admitted, die. The admissions include a large number of cases which are insignificant, and which are free from all danger—yet, one-sixth die."

This mortality Dr. Langdon pronounced truly unjustifiable and inexorable; no matter what class of cases they might have been—no matter



what might have been their condition when sent to the Hospital—such a mortality was unprecedented; for, even at the Hotel Dieu, in Paris, where the worst and most desperate cases are sent, the mortality does not exceed 12 per cent. Hence an institution, exhibiting sometimes over 30 per cent., is not a legitimate representative of medical sciences.

Dr. L. wanted to see an institution in which the best talent could be combined, and to which the whole profession could have free access; in which any individual, eminent in any particular specialty, might have an opportunity to cultivate his branch, and apply his pre-eminent acquirements to the public good. The Faculty had denied that the profession were excluded at present; but Dr. L., relating the facts that had occurred in his own personal experience, showed up in a ludicrous light their rule for the exclusion of all physicians, when prescriptions or surgical operations were in progress—rules which would sometimes get out of sight, and were at other times produced, according to the convenience of the Faculty.

And how had this institution been defended, when this mismanagement of the Commercial Hospital had been exposed? Not by fact and argument, but by gross vituperation, and by personal attacks upon members of the committee. He disapproved exceedingly of all such personalities, but the peculiar state of the circumstances forced him to make a few personal remarks. What right, he enquired, had the Professors of the College to assume such superiority, and engage in the denunciation of others? They were not men of the first rank, for the best men of the profession could not be obtained as members of the Faculty; and he would leave it to the profession to decide, whether the present Faculty of the Medical College of Ohio were really the men best qualified to take charge of such an institution as the Commercial Hospital. Would any member of the profession admit, that the present Professor of Surgery of the Medical College of Ohio was the best surgeon in the City? or that Dr. Edwards, who had attended the Hospital, was the best practitioner? He had attended the Ex-Postmaster, Mr. Hall, when shot, and committed a capital error, in pronouncing him in a dying condition when he was really safe—professed to have probed the liver four inches for the ball, without finding it, and wished to put the patient under the influence of chloroform, and cut down to the ball—a course contrary to all the principles of surgery, which would have been fatal to the patient, and also fatal to another individual; and which should have been fatal to the physician himself, for, under such circumstances, he would have deserved to be prosecuted for homicide.

In conclusion, Dr. L. administered a dignified rebuke for the vituperative language of Dr. Edwards, which the Columbian had characterized as a "turbid torrent of vulgarity," and which the reporters had found too indecent to publish.

Dr. McIlvaine next obtained the floor. Dr. M. delivered a sprightly and good humored speech, gently castigating the Ex-Member of Congress and vindicating the course of the committee. He regretted exceedingly to be compelled to enter into personalities, and he could not condescend to answer the gentleman in his own peculiar style, as he would not answer a fool according to his folly; but he should administer a little admonition, lest he be wise in his own conceit. He would, therefore, proceed to dissect the distinguished Professor and the glorious Ex-Member of the Thirtieth Congress, in all the various characters and capacities in which he had immortalized his name—first, as a geographer—second, as a priest and father confessor—third, as a diagnostician—and fourth, as a chemist.

As a geographer, his highest display of learning consisted in tracing his route from a village in the interior of Ohio, through the City of Cincinnati, to the City of Washington—a long and profitable route for mileage—and he could only say, that it ill became a gentleman, so well acquainted with the geographical route to the treasury, to say a word about the money received by others from the public funds.

As a saintly father confessor, he would trace him to the dying chamber of Mr. Hall, who did not die, in company with the Rev. Mr. Nicholson; and although the clergyman was present, the saintly dignity of the professor superceded his functions. Perhaps he had been privately ordained; if not, he would doubtless soon proceed and obtain his canonical authority from *Bishop Onderdonk*.

Dr. M. next touched upon his skill as a diagnostician, examining his testimony before the police court, showing the absurdity of his opinion that Mr. Hall would die, when all the circumstances, as related by himself, showed clearly that he was in no immediate danger, and ridiculing the Doctor's surgical skill by showing what an invaluable assistant he might have proved on the field of battle, to the great Larrey, in the campaigns of Napoleon.

But the skill of the Professor, as a chemist, was one of the crowning glories of his scientific career. Having made himself illustrious in Congress, and having arrived in Cincinnati with a reputation so magnificent, that, in the language of a great Statesman, "he could add nothing to it"—having established his great Pharmacy, A. No. 1, on Fourth street, the only place in the world where pure and unadulterated drugs could be obtained—it was thought, from his distinguished experience in chemical analysis, that when Dr. Locke had resigned his chair of chemistry, Dr. Edwards would be an admirable successor. The suggestion was made to a trustee, and was thought to be very fine; but was nipped in the bud by the declaration, that he would need an assistant, as he was only qualified for the *gaseous part* of chemistry. That he was not very profound in analysis, was illustrated by a circumstance which had recently occurred,

### I. G. JONES' AND MORROW'S PRACTICE.

We have had the pleasure of glancing over the greater portion of the sheets of this important work, now in the press. It will be ready for delivery nearly as soon as these remarks shall have met the eyes our readers.

Our pressing engagements do not permit us to give a detailed examination of the work, or to form a critical estimate of its character. We can only remark in passing, that it is arranged in the form of lectures, and presents the subject in the clear fluent style of an *extempore* speaker. It will therefore possess that attraction and interest belonging to such a style, which is so necessary to render any book useful and impressive.

A scientific friend who has examined the work with a critical eye, assures us that it is a full and satisfactory treatise upon the Practice of Medicine, well adapted to the wants, both of the student and the practitioner—possessing the requisite fullness of illustration, and clearness of description to render it highly instructive.

It bears upon every page the stamp of Dr. J's vigorous, independent, and practical style of thought. Such a work has long been needed, and we rejoice to know that it has been produced. B.

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### ANATOMICAL INSTRUCTION.

The spacious arrangements of the Institute for practical Anatomy, give an additional interest to that department of collegiate instruction. During the past session the duty of instruction in practical anatomy, or in other words, demonstration, devolved upon the Professor of Anatomy, Dr. W. Sherwood. For these duties no one could be found better calculated to give satisfaction to the student. For the coming winter sessions, however, we were in doubt whether Prof. S. would be willing again to undertake so much labor. Our circular accordingly indicated that a distinct demonstrator of Anatomy would be in service, and although no formal appointment was made it was understood and believed that Dr. R. R. Sherwood would be in attendance, ready to give assistance if necessary. Hence his name was announced for that department without any special consultation with him on the subject. We allude to the subject now for the information of students, and would state Prof. Sherwood has been in the city since the tenth, and is in good health, prepared for a vigorous winter campaign, and Dr. R. R. S. is expected during the session. Prof. S. will be personally responsible for the department of demonstrative Anatomy which will be under his supervision, and in addition to his own services, will secure all the aid necessary to give proper attention to all engaged in dissection. B.

## RENOVATION.

"Old things pass away," and all is becoming new. So we thought as we approached our Institute on Plum street, from the south. The chaste, simple and symmetrical exterior of our College building, since the late improvements, is really pleasing to the eye, and presents an aspect that elicits the compliments of strangers. So it is with the interior, and now for the first time are we able to say, that we have an edifice of which we are in no way ashamed.

And so it is with the living portion of the College—old things have passed away and all is fresh with the energy of comparative youth. No doting old professor inflicts the dulness of illiterate age upon the impatient energies of "Young Physic," all is life and animation;—would the spirit of Morrow revisit the halls of the Institute he would exult in its progress, its success and efficiency. The present Dean of the Faculty is the only remaining link of the early years of the Institute, and younger members of the Faculty will doubtless survive him, but he will live to see the Institute realize his proudest hopes as the Great Fountain of liberal, reformed and renovated Medical science. B.

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THE WAR AMONG THE BRETHREN.

We must ask the indulgence of our readers for occupying so much of this number with this subject, and we must also apologize for introducing that portion of the debates which was considered by our Daily Papers too vulgar to publish.

In the first place, it must be remembered that this controversy was among that class of men who pretend to be models of Professional Dignity and Morality—the only true teachers and lights of true Medical Science—the guardians of the health and welfare of the public—the opposers of all immorality and supporters of every thing good and great, and the only class of Medical men who are entitled to the confidence of any community—the same men who are constantly in this City denouncing the Eclectic School and Practitioners as unworthy the attention and confidence of our citizens, notwithstanding our last annual classes numbered 308 students, more than 150 over all the other Medical Colleges in Cincinnati, and at this time, October 25th, has more students attending the Preliminary Lectures than is to be found in all the other Colleges. Now our only excuse is, to let our Eclectic friends see these "pinks" of goodness and stars of greatness in their own light and language, then they can judge for themselves how much they loose, when it is said by such self-inflated dignity that "we can not consult with Eclectics." N.

## CLINICAL REPORTS.

*Newton's Clinical Institute.—Cases Reported by Prof. Z. Freeman.*

Case I. Ulceration of the Sternum. Dr. D. G. S—, of Kentucky, age 34, of feeble constitution, and predisposed to pulmonic disease, (of which his father died.) This was a case of fistulous ulcer, of three years standing, located upon the middle of the sternum. It commenced as a small, hard, painful tumor, of three fourths of an inch in diameter, and was treated by himself with caustics and poultices, which induced ulceration. The caustics destroyed the tumor but left an irritable and painful ulcer. The second year of its existence it became indolent with excavated edges and fistulous—this was healed with lard spread thinly upon a piece of linen, and applied to its surface—the cicatrix remained irritable, inducing a sensation similar to the sting of nettles. In November, 1852, the cicatrix opened, developing a deep ulcer with prominent, indurated, and painful edges. Verdigris and Spanish-Brown were used, also a poultice and Syrup of *Phytolacca Decandria*, for four months, but neither gave relief.

The suppuration induced, diminished its prominence. He was now unable, from pain and physical debility, to pursue his professional duties, and came here to be treated.

May 25th, 1853.—We found the ulcer very painful, and the patient much debilitated from the constitutional influence of the disease. Its edges were indurated with two fistulous pipes, one extending from its left side toward the left shoulder two inches in length, terminating at the periosteum, and involving it, inducing painful periostitis, and the other extending toward the right sterno clavicular articulation, nearly three inches in length and terminating in the bone. Upon closer examination the bone was found to be carious, and a sequestrum nearly an inch in length sloughed off.

TREATMENT.—*Constitutional*.—Comp. Syrup of *Stillingia Sylvatica*, 3j; three times per day.

LOCAL           ℞   Pulv. Zinci. Sulp. 3j,  
Hydrastin 3 ss, m.

A portion of this was applied to the edges and surface of the ulcer and to the fistulæ, alternately, (being pressed up into the pipes and retained with cotton) until the adventitious tissue that formed the pipes, and the morbid tissue of the edges and surface of the ulcer were destroyed. The inflammatory action induced by the caustic was reduced, and suppuration promoted by poultices of *Ulmus-Fulva*. But the periostitis and disease of the bone still increasing, until the parts became again much swollen and painful, and the patient much debilitated and prostrated, so that he was confined to his bed, sleeping but a little in the day time or at night, in consequence of the excessive pain and nervous excitement—it became necessary to rip up the edge of the pectoralis muscle, by inserting the bistoury into the fistulæ and cutting through it—this exposed the periosteum on one side with its exuberant granulated surface, and the carious bone on the other. Then use the following:

℞   Susq. Carb. Potass 3j,  
Hydrastus Canadensis, grs. v.—m.

Covering the surface with it, pressing it into the ulcer, and using a

position of Elm over the caustic until the inflammatory action subsided and healthy granulations made their appearance.

McMunn's Elixir of Opium was used in doses of thirty drops as a stultifier when the pain was excessive. The ulcer was healed by the daily application of the compound lead oint. of the Eclectic Dispensatory, alternated with the com. zinc oint.

This patient experienced great pain in the left axilla and shoulder, which disappeared as the periostitis subsided.

Discharged—the ulcer entirely healed, the patient vigorous and hearty, and in excellent spirits.

Case II. Ulceration of the Cornea. H. C. W——, Ohio, age 30, farmer; habits regular. In June 1851, while in California, received a blow from a small twig, while passing through the woods. This produced some opacity of the cornea and accompanying conjunctivitis. Dr. B. treated him there, but no improvement followed. He treated himself and got better. November 17th, 1851, a small pustule formed upon the cornea attended with much pain and inflammation, but this ruptured and the eye became some better. Dr. S., of California, attended it at this time, but no improvement followed.

June 26th, 1853, presented himself for treatment. The conjunctiva was reddened, with Scleritis and Corneitis accompanying—the whole of the eyeball seemed inflamed, was tremulous and very painful. The cornea was opaque, excepting at two small places through which a few rays of light passed dimly. There was some intolerance of light and much pain in the head—other symptoms of Phrenitis (to which the patient was disposed) were present. This, accompanied with a broken constitution, great nervous excitement, and lowness of spirits, made the case a difficult one to treat successfully.

TREATMENT.—*Constitutional*.—Cold shower bath.

R Comp. Syrup *Stillingia Sylvatica*, 3j,  
three times per diem.

R Comp. powder of Senna, in 3j.  
Doses until it cathartised fully.

LOCAL, R Argent Nit. Sol., grs v to 3j, aqua, m.

With this touch *lightly* the pustule over the old cicatrix, the conjunctiva and whole of the eyeball immediately became much inflamed, accompanied with great pain and much chemosis; pain in the head and much constitutional disturbance. This increased until the patient was exceedingly prostrated, the pain in the eye almost intolerable, and the eye-lids excessively swollen and everted. Free catharticism was kept up with the comp. powder of Senna. And vesication with

R Oleum Tigllii, Oleum Terebinthine, aa, m,

Applied to the back of the neck.

— June 28th, three leeches were applied to the palpebræ, and after this ice water alternated with a cold solution of Hydrastin, grs v, to 3j aqua. June 30th the brain still irritable, and the eye painful, the pustule and part of the cicatrix sloughed off. Cupped and scarified the temple on the 28th, 29th and 30th insts. July 4th, pain in the eye and edema of the lids subsided considerably. July 10th, the upper part of the sclerotic coat quarter of an inch from the cornea, ulcerated for one inch in length,

and the same ruptured. Discharged pus until the 20th inst. From the 15th to the 21st of July a poultice of *Ulmus-Fulva* was kept to the eye, day and night—kept cold with ice water. July 21st, the swelling, inflammation and pain had left the eye, and the pain had left the head; the patient was convalescent. July 29th, discharged cured.

**REMARKS.** The peculiarity of this case was the great irritability of the eyeball, its tremulousness, and the quick development of excessive inflammation. No application was so salutary as the cold *Ulmus* poultice, while in other cases warm applications only can be used.

In this case clear ice water was more salutary than the solution of Hydrastin.

**Case III.** John L.—, Kentucky, age 32, farmer. Disease—Chronic inflammation and Ulceration of the Faucio-pharyngo, Laryngeal mucous membrane. This first presented itself in March, 1853, by hoarseness, accompanied with inflammation and soreness, and undue nervous prostration from talking and exercise. The hoarseness increased until June 24th, when he presented himself for treatment.

At this period he was much debilitated, scarcely able to talk, or walk about. The ulceration extended from the top of the larynx into the fauces and pharynx, and also about three inches up the posterior nares—the whole of the parts affected presented a ragged, ulcerated surface, covered with pus and purulent mucous, at times streaked with blood. (Those ragged projections were the diseased follicles, they sometimes present that appearance in follicular disease.) There were also some catarrhal symptoms.

**TREATMENT.**—*Constitutional.*—Comp. Syrup *Stillingia Sylvatica*, 3j, three times per diem. Cold bathing and friction three times per week.

**LOCAL,** R Argent Nit. grs xl. Aqua, 3j, m.

Applied to the diseased parts with a probang every morning. For this purpose a tongue-spatula was used, thus we can see the glottis and push the probang through it making direct topical application to the diseased surface. Diet—avoid meats, grease, and stimulants. July 17th, improving—ulceration confined to the posterior-nares.

July 23d, used Sol. lod. Potass, grs. 60 to 3j aqua, applied with probang, also 24th and 25th. 26th used Sol. Argent Nit., and gargled the throat with Solution of Hyd. *Canadensis* until cured.

July 25th, no pus or blood from the posterior-nares—still improving. The throat on the outside, from the right ear down across the larynx to the left ear, was kept pustulated with

R Oleum Tig. Oleum Terebinth, aa, m.

This last mentioned application is a very useful auxiliary in the case of follicular disease of the throat.

August 2nd. Discharged cured, the patient in fine health and spirits.

When this case was first presented there was from three to four drams of pus and blood thrown off during the day, and it was so offensive that it was with difficulty that any persons could remain in the room with him; hence it may be said to have been one of the most difficult cases to treat which the practitioner will meet with.

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PART I.—ORIGINAL COMMUNICATIONS.

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INTRODUCTORY LECTURE.

*Delivered by Prof. J. R. BUCHANAN, on Tuesday evening, November 15th, 1853, at the Eclectic Medical Institute, on the subject of Elevating the Medical Profession.*

Medical journals and medical authors have said much about *elevating the character of the medical profession*. It has been a prominent subject of deliberation in the meetings of the National Medical Association, and medical professors have generally impressed upon their pupils the great importance of *elevating the standard of the profession*.

Now let me ask, since the profession has wielded heretofore so much of wealth and power—since it has possessed all the means necessary to elevate itself—let me ask, has the profession really been elevated to its proper position or not?

The universal complaining in our journals and conventions at the present time, is a sufficient proof that the past efforts have been unsuccessful. It is generally confessed that the profession is most extensively disgraced by quackery, and that it does not retain any firm hold on the public confidence. In a word, it has not maintained an elevated character, and I venture to add, that the profession never can rise to its most honorable position, until it entirely changes the policy which it has pursued, and forms a very different conception of what constitutes an elevation of the profession.

Let me proceed, then, to show why there has been such a failure, and what is needful to be done at present.

We are all interested in this matter. If the character of the profession is not kept up, it will tend to fall into the hands of very inferior men, and continue degenerating until every physician will feel ashamed of his calling, as it will bring but little, either of honor or profit.

The principal exertion for professional elevation, heretofore, has been directed to three measures:

- 1st. Rendering physicians more learned.
- 2d. Putting the profession under stricter discipline.



3d. Making our colleges more splendid, and access to them more difficult.

These three measures are all well meant, but, practically speaking, they are all wrong, and if they were all carried out, they would be no more capable of elevating the profession to its proper standing, than a dose of calomel is capable of curing consumption.

Let us suppose these measures all adopted with triumphant success. Let us suppose that every physician graduates with a profound knowledge of Latin, Greek, Hebrew and German—that he be well acquainted with the writings of Galen and Hippocrates in their own language—familiar with Celsus and Avicenna, and even with the Susrata, which contains the medical knowledge of the Hindoos—that he is familiar with metaphysics and conic sections—that he can determine the exact nature of the distinction between the *me* and the *not-me*—between objectivity and subjectivity, and the point of their harmonious fusion in one conception; that he can positively determine, by logical speculation, whether the great world *is or is not*; in short, he is a profound classical scholar after the fashion of the universities, and intermingles his microscopic anatomy with quotations from Homer's Iliad and the sonorous Latin verse of Virgil, and considers himself one of the most enlightened and progressive of men, since he understands ornithology, conchology, and comparative anatomy, and has even seen Marshall Hall dissect and galvanize a defunct frog, to prove some theory or fact as to reflex action, which never needed proof.

Fancy that we have a host of such learned physicians as these, all disciplined into strict obedience, like veteran grenadiers—ready to deny the evidence of their own reason, if it should be necessary to put down what they call quackery—all solemnly pledged in their graduation to adhere closely to the faith delivered to their keeping by their Faculty,—each having agreed that his diploma may be revoked by his Professors whenever he shall be deemed guilty of any heresy.

Fancy, too, each Medical School endowed with about \$200,000 to expend in magnificent buildings and equipments, and that about five years of study and \$2,000 of expense, are required to procure admission to this very dignified profession—a profession under such strict moral discipline that he who absolutely kills his patients by malpractice, may go free with much sympathy in his behalf, but he who is guilty of advertising in a newspaper, can never hope to be forgiven.

Let us have all these particulars fully realized, and then we have the very *beau idéal* of an elevated state of the profession, as it is commonly understood. But there is one insurmountable difficulty—it is like a beautiful machine for perpetual motion, with all its springs and wheels complete, with only one fault—that it will not go, for it has not the propelling power necessary.

In the first place, multitudes of the young men from whom physicians are to be made, will not, and cannot, submit to any heavy

tax upon their time and money, for the superfluities and luxuries of education. They are willing to give just as much time and money as are required to procure a solid, practical education—to make them really good physicians—but they cannot, conveniently, afford to give any more, either of time or money, and therefore they will not do it. Many have to earn all their money by manual labor, and one year of study costs them three years of life—that is, it detains them three years from their chosen profession. Others have to support brothers, sisters or parents, while educating themselves, and some have even matrimonial responsibilities. Such men cannot, and will not seek a slow and costly education. What they learn must be learned quickly, thoroughly and practically—and, if the colleges are so elevated as not to meet their demands, they will rise by the thousand, in their own strength, and grow up outside of colleges, learning from libraries, from nature, and from private preceptors, leaving the splendid halls of colleges to stand as empty monuments of the folly of their Faculties.

But there would soon be medical schools in abundance, adapted to the demands of the times, where medicine might be taught practically, without imposing the burthen of a classical and metaphysical education.

The old fashioned plan of elevating the profession is, therefore, totally impracticable, and even the oldest and strongest institutions in our country have not been able to sustain themselves in the simple measure of elongating their sessions from four months to six, aided by the moral influence of the National Association.

Moreover, if all of these schemes were perfectly practicable—and the profession were perfectly organized, of disciplined, learned practitioners, and aristocratic as could be desired—they might command a certain amount of respect, but they would not command the public confidence; because, with all their learning and dignity, their practical results would be no better than those of plain, unlearned men, and there would be hosts of practitioners outside of the regular profession, who would receive the public confidence, because they would produce, at least, as good results to their patients.

Hence, we are brought to the last measure for the elevation of the disciplined profession. They will demand a law for their protection. The people will not patronize them sufficiently, and they will demand a law to put down all outside competition. This is necessary to complete the system, and to protect all the other parts—and if this legal protection cannot be obtained, the whole system must tumble down together.

And, I may add, it has already tumbled down, and proved itself to be utterly impracticable in the United States—it is incompatible with the spirit of liberty—incompatible with republican institutions, for it goes upon the assumption that the people should be governed by the profession, and not the profession by the people—that the profession should be the supreme tribunal, and the people be governed by their decrees.

In a private discussion which I held with one of the most eminent representatives of the old fashioned system—our respective positions were very clearly defined. It was maintained by him that we, as individuals, had no right to deviate so much as we do from the current doctrines of the leading authorities of the profession—that when different views were entertained, there must be some supreme tribunal to which such questions could be referred, and which could settle authoritatively what was or was not true. This I denied, emphatically, recognizing only the conscience and reason in each man, as his tribunal to determine what is truth for him and for him alone. To this my distinguished friend demurred, maintaining that there *must be* a tribunal in the profession itself, of supreme and final authority. I acknowledged that there might be a supreme tribunal *de facto*, because it had the power, and if it had the power we must submit of necessity—but that tribunal is not in the profession. The supreme tribunal, said I, consists of the great mass of mankind, of which you and I are a portion, and to which all the professions belong. They can raise up or put down any class or profession, and to their decision we must submit, because we cannot resist it—but there is no such tribunal in the profession itself.

This matter-of-fact statement was very unpalatable to my distinguished friend, but he was compelled to admit its correctness by saying, "I suppose they might cease to employ us, and we should cease to exist." Yes, gentlemen, I may add, that all despotisms over the human mind must cease to exist, for the people will not pay for any imposition long.

What a preposterous idea, that the people are to be governed by decisions of the profession! The people are the buyers—the profession the sellers of medical services and skill—the people want the best—not the most showy, but the most useful. If the seller does not produce a satisfactory article, it is the right and duty of the buyer to withhold his patronage, or to go elsewhere. Consequently, as the buyer determines what he will purchase, and thereby controls the market, so the public determine what they will have in the medical profession. What they want is real healing skill, and the honor of the profession consists in supplying the demand.

This brings us back to the question of elevating the profession; and I maintain that it can be truly elevated only by rendering each practitioner a safe and successful physician—that alone will command the public confidence and esteem which have so long been forfeited by unsuccessful practice.

My plan of elevating the profession would be, first, to select young men of the best character and talents, as students to recruit its ranks; and as a large number of these are embarrassed by poverty, I would make their education as cheap as possible, that there might be no hindrance to drive back the future Hunters and Jenners from their proper profession.

Most heartily do I detest that old, aristocratic doctrine, that ad-

mission to the profession should be made as expensive as possible, in order to deter poor young men, and confine the profession to the heirs of wealth, who are generally more indolent and less qualified from their own prosperous situation, to sympathize with unfortunate and afflicted humanity—less qualified by their generally indolent habits, to respond promptly to the cry of suffering, and perform the arduous daily and nightly labors of a faithful physician. Physicians for the whole people must come from the classes that sympathize with the whole people; and when they come up to the great and holy labor of qualifying themselves for the salvation of life, instead of laying additional taxes to drive them back and diminish their education, I would rather see the State give them a bounty upon their attainments, and such honors and rewards for superior scholarship as would tempt them to go farther in the laborious pursuit of knowledge.

Many years ago, a poor young man in England—a common carpenter, felt desirous of becoming a physician. He had not the means to prosecute the study himself, and he had not distinguished himself as a carpenter; it might have been considered a very small matter whether a poor mechanic should or should not have the privilege of turning himself into a poor doctor. And if this poor carpenter had failed to get the money necessary, and been driven back to his jack-plane and hand-saw, the dignified Fellows of the Royal Society might have congratulated themselves on escaping the degradation of admitting that plebian to their ranks. But fortunately, his brother had the means to help him; and John, the carpenter, studied medicine, and performed his part so well, that *his name*, John Hunter, stood high above all the titles of that illustrious realm, and still stands as one of the immortal names of England.

It was fortunate for her glory that education was made cheap to this poor carpenter by his relative; and if I should ever hear from any representative of the two-penny aristocracy of medicine sneer at a cheap education, I would reply that my only objection to our cheap education is, that it is not yet entirely free, without money, and without price, like the cheap and pure air and sunlight, with which God sustains and educates mankind.

The idea is abroad and will yet be acted on, that all education should be entirely free of expense—from the lowest primary school to the highest University instruction. It is not charity, gentlemen, it is simple justice; for education is a public affair—it is the business of the commonwealth, not of the individual. The individual does not educate himself highly in order that he may make more money by the ignorance of his fellows—on the contrary the man who spends many years on his education, is generally rather disqualified for making money rapidly. The finished education renders the man a valuable citizen, but it is not a matter of personal profit. Therefore, I contend that all who are engaged in self-education, are laboring for the good of mankind—for the improvement of society—and instead of being taxed they should be rewarded.

If citizens voluntarily engage in military companies, preparing arms, artillery and fortifications for the public protection, the expense clearly ought to be borne by the State, for the discipline, the arms and the fortifications are for the benefit of the whole commonwealth, and not merely for the volunteers.

Yours, gentlemen, is a parallel case; you are the volunteers who are to protect the country from the invasions of pestilence, more dangerous than any military foe. You can go forth half equipped and half prepared for your duty; and the community must suffer; but if you spend several years in preparing yourselves for your duties, the community is vastly more benefitted by it than you are; consequently you are laboring mainly for the public good; and the public, therefore, should furnish you every facility for discharging your duty. I contend the public are bound by every consideration of justice and self-interest, to aid in sustaining medical schools free of expense to the student.

I am proud, indeed, that the principal school of medical reform has taken the lead in realizing this idea of cheap education, and proud of the part I have taken in the movement.

All that colleges can do to elevate the profession, is to elevate their own character, and to give all the facilities they can afford. We have done, gentlemen, all that we could; but the greater duty, gentlemen, devolves upon you. You can do more than any college; upon you mainly does it depend whether the profession shall rise in glory or sink in disgrace.

The character of the profession depends upon those who constitute the profession; and that depends upon your action.

Students resorting to medical colleges, are attracted by the representations of students who have been in attendance. Upon you we must depend for the character of the future medical profession—send us young men of talent, worth and energy, and the profession will become great and honored; send us poor, feeble characters, who think they can make doctors because they cannot make any thing else, and you will ever have cause to be ashamed of your profession. Every very inferior young man becomes a dead weight to drag down everything to his own level. Let me beg of you, then, to make it a leading object to seek out young men of talent and worth, and enlist them with yourselves in the army of reform.

Another measure that devolves upon you is to sustain honorably, the public representatives of your profession. The college which represents your profession before the public is naturally taken for the best exemplification of its character; and if your college be so poor an affair as to stand far inferior to other respectable schools, you are, of course, considered inferior to the mass of the profession to about the same extent; but if you find a Faculty worthy of being sustained, and able to compete with the ablest, and if by uniting your energies you can sustain such a Faculty in a proud and pre-eminent position—you place yourselves before the public as stand-

ing on the highest platform of the profession. But if on the other hand, you neglect this matter, and give no support or sympathy to your Alma Mater, or if you passively permit or encourage the subdivisions of little petty schools, and the struggles of those who are engaged in little, selfish schemes, not demanded by the public welfare; just in proportion as this occurs, the respectability of our cause declines, and a large amount of energy and zeal is expended only to injure the common reputation of all. You may remember the fluctuating, divided and unsuccessful efforts that have been made so long in the State of New York, to sustain some kind of a liberal, medical collegiate enterprise, and finally as division, confusion and failure overwhelmed the whole affair, the Medical Journal, which had been the organ of the principal attempts, candidly acknowledged that the whole undertaking had been so unsuccessful, that their cause in the State of New York would be in a better condition if it could be thrown back to where it stood about five years ago, before the imperfect and jarring collegiate enterprises had been undertaken. All their labor, in the opinion of the editor, had gone for nothing; or rather had proved a positive damage to their public reputation. And I will add, gentlemen, what I believe many respectable and educated gentlemen will tell you that unless a college is well sustained, and is really in high standing, it is a positive damage to the cause which it espouses.

If one has the power, as an individual practitioner, to establish a good reputation for himself, and a college is established, evidently inferior to the ordinary character of medical colleges, he will not sympathize with it; for he can only anticipate that an inferior college will educate inferior students; for as it is physically certain that water does not rise above the level of its source, it is morally true that inferior schools will turn out inferior graduates, partly because their instruction is inferior; but mainly because young men of superior talent will not resort to their halls; and they are, therefore, obliged to instruct an inferior class in an inferior manner; and thus stamp the whole profession with inferiority in fact, and inferiority in reputation, so far as their influence can reach. As a private practitioner, he cannot sympathize with such an enterprise, and of course he will not be willing to bear the burden of its reputation. On the contrary, even if he agrees with all the important principles and aims of the Faculty, he would be tempted to repudiate entirely all connection with them, and refuse to be considered a member of the same party. This is the view which will be taken generally by talented and respectable physicians of liberal sentiments, and I can assure you it is the view taken by many at present. They may sympathize with the leading ideas of medical reform, but if medical reform is represented before the public by inferior schools and illiterate practitioners, they will hold themselves aloof from the whole affair, because they are not willing to lower their own standing.

On the other hand, in proportion as medical reform presents a

bold, united front in a collegiate institution or institutions, that can be respected by all, it will gather strength from every quarter—those who secretly sympathize will gather courage to co-operate openly—and large numbers of young men who have sufficient talent to achieve a respectable standing, will feel that they are not ashamed to attend such a school, or belong to such a party, and thus, it will build up the profession to a high and honorable condition.

What I am telling you is self-evident truth; and yet these truths have been too often overlooked among the friends of reform, and there are still many who do not fully appreciate the importance of union in sustaining such enterprises as will elevate the profession.

Next to the College, medical journals and medical text-books are the most conspicuous representatives of the profession; and if these are well sustained, they will become important and influential for good; but if not, they will dwindle and lose their power. I have not much faith in the public spirit or reformatory philanthropy of one who does not sustain the publications devoted to his principles.

I have now shown you, gentlemen, I trust, that the profession is to be elevated by pursuing the very opposite course of that which has been pursued heretofore by its leaders. Almost unanimously the great men of the profession have agreed in that policy which I pronounce false, unwise, and, in this country, utterly impracticable. And even those of the collateral professions have appeared to take the same view. When I conversed with one of the most eminent naturalists of Europe, who bears the palm of superiority too in our own country, his idea of elevating the character of the medical profession consisted in giving physicians a most extensive course of instruction (not in practical medicine, in clinics or pathology, or materia medica, which would really make them better physicians,) but in the collateral sciences—in comparative anatomy, geology, meteorology, paleontology, &c., all of which are strictly and entirely collateral matters not intimately connected with practical medicine. In like manner, gentlemen of learning insist that a classical education is the one thing needful—that Greek and Latin will elevate the profession. And, again, another class who have lost all confidence in practical medicine, merely because they have never witnessed any good, successful practice, turn in despair to chemistry, and think that the profession can be elevated to a truly scientific position only by a very profound study of chemistry, which is the most barren conception of all, since chemistry never has been more than of slight collateral assistance to the physician in his practice.

In view of all these barren and impracticable conceptions of the true mode of advancing medicine, I feel astonished at the poverty of the human mind and the deficiency of common sense in reference to one of the most important questions to the welfare of mankind.

I have endeavored to show you that the profession must be ele-

vated by taking directly the opposite course from that which has been pursued.

Not by Colleges, with proud, imposing architecture, whose lofty portals open only to enormous fees—not by Professors, eminent for their learning and their voluminous writings, but not at all eminent for practical skill—not by making physicians learned in every thing which has no direct relation to the cure of their patients—not by teaching physicians to pride themselves upon a heterogeneous mass of learning, but to consider it very unimportant whether they lose more or less of their patients than other practitioners—not by teaching physicians to denounce it as quackery to claim superior success in the treatment of certain diseases—not by confining the profession in the hands of the wealthy or pecuniarily independent, who are able to defy the progress of public intelligence and disregard public opinion—not by keeping down young men and showering all honors upon old men who have no more ambition to gratify, and whose knowledge is twenty years behind the times—not by forming medical conspiracies to degrade and crush every man who departs from the creed of the National Medical Association—not by organizing young men into parties and teaching them to hate, to insult and to despise all who do not belong to their party—not by inducing young men under the influence of false representations to take a public and solemn pledge to follow the teachings of their professors, right or wrong, through all their lives, under the penalty of forfeiting their diploma—not by any such devices can the profession be elevated and redeemed, but by a course diametrically opposite—by opening our college halls to every one who is willing to devote himself faithfully to study, and by giving honors to those who gain attainments—by laying aside old, ignorant and incompetent men who are behind the times—by enabling young men to come forward in the public *concours* or trial, and by displaying their attainments publicly, to win the position that they deserve—by teaching physicians that while it is important that they should acquire as finished and extensive an education as possible, all these collateral subjects are insignificant in comparison with the power of healing the sick—by teaching that all the learning and personal respectability possible cannot excuse the man who allows the half of his patients in cholera to die, which has been authorized by the leaders of the profession, nor can they excuse one who poisons the constitution by mercurial salivation, or breaks down its strength by bleeding. We expect to elevate the profession by showing the proper treatment of disease in clinical practice, and demanding of every physician that he shall make it a point of honor to cure all curable forms of disease. We cannot expect the profession to be elevated by the course which has been pursued in this city, of drilling young men in the practice of a hospital, which has generally lost one-sixth of all its patients, and which has been accused by its own friends and former physicians, of losing even 30 per cent. We



cannot expect to benefit the community by sending forth young men believing that such practice is respectable, or believing that they can be tolerated in losing even the half of sixteen per cent.

No, gentlemen, we must elevate the profession far above the dreary and dreadful mortality which has heretofore been considered compatible with respectability.

This is the only true elevation—to elevate it from the character of the Angel of Death to that of the Messenger of Divine Benevolence—and believing that we have done this—ready to substantiate our assertions by authentic statistics—ready to prove that out of 100,000 patients treated on our national American Eclectic system, the total number of deaths would be, even during the most disastrous epidemics, far less than 2,000,—while the standard of medical science heretofore has been so low, according to the statistics of European Hospitals, that a loss of 10,000 lives out of the hundred thousand would have been considered respectable practice. Knowing these facts—knowing our strength—knowing that this is the true elevation of the profession, we go with an undaunted front before the great supreme tribunal, the common intelligence of mankind, and *demand* that all medical systems shall be tried upon their merits alone—shall be tested by the amount of life which they save or destroy. This demand the autocrats of medicine have refused to admit. They decry medical statistics—they studiously conceal the facts from their pupils and from the world, and it is a remarkable fact that the public have never been informed that it is the legitimate mortality of the most prevalent diseases—nay more, the great majority of the medical profession have little or no statistical information upon that subject.

But in lifting up the profession from its sad position to the high table-land which gives a mortality of from one to two per cent., we do not believe that it is to rest there as upon a permanent platform.

On the contrary, the great difference between ourselves and our predecessors is, that while the orthodox system demands that its followers shall adhere to a fixed position, subject to but little change and that from high quarters, we on the other hand demand that every man shall keep on the march from improvement to improvement. We are as anxious that our pupils should attain a high position in the healing art, as others can be that their pupils should adhere closely to the faith delivered from the professor's desk, and solemnly adopted in the public pledge of their graduates.

The difference between our movement and all other movements in the profession prior to this is, that while they were movements *to a certain end*, satisfied to gain that end, and there repose complacently, ours is a movement *without an end*—like the rolling of the earth through its orbit in the solar system, or like the onward progress of Humanity through endless ages.

In the natural indolence or dullness of the human mind, there is great disposition to flag in this onward march and drop down per-

manently at certain positions, saying this is the Eclectic system as I understand it now, and this routine must be adhered to. Dull and narrow-minded persons will be continually saying this, but the great stream of Eclectic progress I trust will go on, and those who do not legitimately belong to that stream may very well be cast ashore, like floating driftwood deposited on the mud banks and sand-bars of the stream, where they prefer to lie or sink to the bottom, imbedded in darkness and mud.

The true scientific teacher is no antiquarian; he is an onward-looking man; he lives in the present and looks to the future. The teacher of chemistry looks to the latest results of the researches of the present time and to the probable developments that are about coming forth. So the true teacher of progressive medicine looks to the very last results of clinical practice in the epidemics that are now ravaging the earth, and to the new doctrines and practice that are beginning to be established as an improvement upon the past.

This is the course which has brought us to our present position, and has enabled us to discard as useless, mercury and the lancet, and other resources that have heretofore been considered the most important of all in the healing art; and I am proud to say that however fast or far we may advance, the vast army of the profession is following on behind—traveling in the same direction in which we have led the way—thousands are nearer our footsteps than we may imagine.

They are reducing calomel to grain doses and smaller fractions—finding substitutes where they can for its use—discarding the lancet in fevers—pointing out the evils of tartar emetic—urging the cultivation of the indigenous materia medica, and changing radically their entire treatment of *cholera* and *consumption*. Thousands have adopted similar views of cholera to those by which we saved 95 per cent. in Cincinnati—the most successful treatment ever recorded abroad was upon the same principle substantially as our own—and as to consumption, since the establishment of the Brompton Hospital in England, the old ideas have received a death-blow, and I learn that a similar institution on an ample scale is about to be established at New York by leading physicians who do not hesitate to denounce the old practice in that disease as absolutely barbarous.

There is no doubt that the whole medical world is in a state of progress and revolution, abandoning its old localities and thoughts—abandoning them even from despair, from disgust and from skepticism—universal skepticism in medicine. Hydropathy and Homœopathy are leading men on away from their old idols; and if I am correctly informed, the medical colleges of the United States begin to feel the effects—the number of pupils which was diminished last year, is said to be materially diminished also the present season; it is evident we are at the beginning of a great revolution.

But let it be borne in mind that the great revolutionary doctrine

—the Protestant doctrine that every man has the right of private judgment in medicine, and that progress is the duty of all, is the outgrowth of our own soil, is an American thought first introduced in the action of the American Eclectic party, and although other parties may, like the nations of Europe, catch some portion of this spirit, and raise a wandering feeble cry for progress, reform and Eclecticism, the moral power of this revolution lies with us, and I trust we shall continue to be to all other medical parties, and individuals struggling for freedom and progress, like the American Republic before to the nations of Europe, a vast and blazing fire, from which they may gather brands to light the torch of liberty, and raise the fires of revolution at home.

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## CLINICAL REPORTS.

*Newton's Clinical Institute.—Cases Reported by Prof. Z. Freeman.*

Case IV. Wm. H. Houston, of Alabama, aged 59, Scrofulous diathesis. Father died with large indolent ulcers on his legs. Disease—*Scrofulous Ophthalmia, Scrofulous leprosy of the hands and Fistula in Ano.*

Fistula in Ano was the disease for which he came to be treated.

The patient reports that the disease was caused by sitting forcibly upon a gum knot, which bruised the parts in the vicinity of the anus. Suppuration took place, the parts were swelled extensively, inducing great pain and constitutional disturbance. Dr. C., of Alabama, lanced the abscess, which discharged nearly a quart of pus, (as the patient relates it,) immediate relief followed. In a short time it healed, and in one week after the cicatrix opened. Dr. P., of Alabama, treated it, but could not heal it. Dr. McC. split open the fistulous pipes but, although his course gave much pain, yet he rendered him no actual benefit, and could not heal the fistula. Dr. S., of Alabama, attempted to cure him but failed. D. S. G. of New Orleans, prescribed for him; but after all had tried he was worse than at the commencement of their treatment.

In January 21st, 1853, he presented himself for treatment. Upon examination we found the parts much swollen and inflamed; on the left side was a fistula of three inches in length, opening externally above and below, and running in an antero-posterior direction; on the right side was another fistula of the same length running in the same direction, communicating with the one on the left side, and with cavity of the rectum an inch above the verge of the anus, so that fluid injected into the left fistulous pipe would pass out of its opposite extremity, out of the right fistula and also out of the anus, or if thrown into the right, it would pass out of the left and out of the anus. The fistulous pipes were morbidly sensitive and any fluid injected, or the attempt to insert a silver probe, produced excruciating pain. The tissue around the pipes, (their whole length,) and the remnant of the cicatrices were indurated and very sensitive to pressure; (the patient was much debilitated;) and with a scrofulous habit, broken constitution, great nervousness and lowness of spirit, he was scarcely able to walk around the house.

**TREATMENT.**—*Constitutional.*—Comp. Syrup Stilligia Sylvica. Dose, 3j, three times per diem.

January 22nd. Injected Castile soap-suds to cleanse the parts—24th. R. Susq. Carb. Potass, grs. v. Agua, 3j. M. Injected this into the fistulas.—The strength of the Solution of the Susq. Carb. Potass was increased tri-weekly until it was prepared thus. R. Susq. Carb. Potass 3iv. Aqua 3ij. M. By this time the morbid irritability and serious discharge had ceased, and healthy looking Pus was secreted from some of the surface of the fistula,—but the pipes continuing firm and unyielding to the means used, the ligature was inserted first into the left side, and by tightening it daily, in one week the bottom of the tube was exposed, (the method of tightening the ligature, is by untying the not with two pairs of forceps and tying it with the same; it is preferable to the cork or stick spoken of by Professor Hill. "Hill's Surgery.") The ligature was then passed into the external opening of the fistulous pipe of the right side and not at the anus, including in its compass the part of the external sphincter ani muscle. In one week the parts enclosed within the ligature were severed and the bottoms of both fistulas were now exposed. The parts were swollen into two unsightly masses, or prominences, as large as a pint cup; and four fingers could be inserted for three inches, into two chasms three inches in length antero-posteriorly, upon each side of the rectum, among the indurated fibrous-tissue of the rectum and the adipose matter which lies between the rectum and is-chium. The ulcers were so extensive and deep that before the ligatures were applied the whole parts seemed entirely excavated and yielded as the indurated cicatrix was pressed upon. The fistulous pipes were of a condensed fibrous character, resembling cartilage and morbidly sensitive: and with the induration had to be entirely destroyed, before the parts would heal normally. To remove this adventitious tissue we applied, R. Sulp. Zinc ʒj. Cornine 3j. M. As circumstances demanded, subduing such inflammation as was induced, with Poultice of Ulmus-Fulva. Diarrhœa intervened, but by proper regimen, the use of astringents, and cautious treatment, all unpleasant symptoms gradually disappeared. September 1st. The patient is now well and sound, perfectly free from pain, the fistula being entirely healed—he returns home in a few days. He can now walk over the city from one end to the other.

**REMARKS.** All the tumefactions or indurated spots contained within their structure a peculiar white fibrous tissue that had to be disorganised and sloughed away before the parts resumed their normal degree of sensibility, or would heal soundly. To cut out the fistulas with the knife, leaves always an induration which is composed of adventitious tissue and will certainly ulcerate, and renew the disease. While the cauterising and sloughing process conducts away both the inflammation and the hardness, forming a healthy base from which arise healthy granulations—and when it is once healed the parts are left normally soft and the disease is eradicated.

This plan of treatment has been adopted in a very large number of persons, and in all cases with the most perfect success, and so far as our information extends not a single case has been treated the second time.

Case V. Malignant Polypus of the Nose.—Mrs. R. E.—, Iowa, age 57. Father's brother died of consumption. When young, had black hair, blue eyes and pale skin, also full chested—now her hair is white

and her system much debilitated. She is of a very mild and pliable disposition.

In the winter of 1851, exposure to cold induced catarrhal symptoms, and in April, 1852, she observed a tumor forming in the right anterior nares, which continued to increase until it completely obstructed the nostril. Dr. P., of Iowa, applied caustics, but they only irritated it, causing a discharge of sanious pus.

May 23d, 1853. She presented herself for treatment. The tumor at this time had increased to an alarming extent presenting the appearance of a broad-based, malignant polypus. It filled up the entire right nostril, protruding anteriorly—attached also to the floor of the nose, the edge of the nasal process of the superior maxillary the surface of the ossa palati and protruding into the throat, pressing against the velum pendulum palati. The nose presented a singularly hideous and deformed appearance, looking like a tumor upon the face. The right nasal bone was entirely absorbed by the pressure, and the tumor had passed out under the skin of the face near the nose and extended into and to the bottom of the orbit, pressing the eye outward and toward the external canthus, giving the patient a horrible appearance. She insisted upon having an operation performed. Dr. Darling administered chloroform, and when perfect anæsthesia was produced, she was operated upon by Prof. Freeman, and Dr. O. E. Newton. Belloc's canular for plugging the nostril was crowded through the anterior edge of the tumor partly between it and the roof of the nares, a piece of sponge was attached and retained at the posterior nares by a string to prevent the blood from passing into the throat and suffocating the patient. The incision was then commenced at the tip of the nose on the right side of the median line and carried up to the internal angular process of the os frontis and outward, surrounding that part of the tumor located within the orbit. The right side of the nose was then dissected over, exposing the whole of the nasal process of the superior maxillary, and the tumour dissected from the surface and bottom of the orbit, and from three quarters of an inch of the surface of the sclerotic coat of the eye, entirely removing the internal rectus muscle. The whole of the tumor was then removed from its attachment to the floor and side of the nares and soft palate, exposing an extensive bleeding surface. We then applied Pulv. Zinc Sulp. 3ss to the part, which checked the hemorrhage and destroyed the fragments of morbid tissue that might have escaped the knife. The incised edges of the nose were placed in apposition, and retained by sutures and adhesive straps—it healed by first intention. The wound within the socket was dressed with cold water.

June 6th, a painful tumor presented itself upon the side of the neck, under the right ear, which increased to about three inches in diameter and four in length. This suppurated and ruptured spontaneously, June 9th, inflammation of the ball of the eye supervened. June 10th, the right tonsil and velum pendulum palati were much swollen and inflamed, producing great difficulty in deglutition.

June 12th, ulceration of the cornea, which resisted topical applications. June 19th, removed the Chrystalline Lens in a disorganized condition. June 22d, Fungous tumor appeared at the internal canthus of the right eye—applied Pulv. Zinc Sulp. 3j, Mayer's oint. 3 ij M. The inflammation induced was reduced with Mayer's oint. alternated with poultices of Ulmus Fulva. July 12th, inflammation of the eye subsided. July 17th,

Hepatitis presented itself. July 19th, relieved. Frequent attacks of diarrhæa occurred, which were relieved by the usual treatment. Aug. 1st, discharged cured, excepting a small point at the internal canthus, which has since healed.

REMARKS. The tendency of this patient to malignant developments was a prominent feature in this case, and no doubt but that the disease would have been re-developed had it not have been for the free application of Sulp. of Zinc to the excised surface.

Case VI. A. J. R.—, Ky., age 32, farmer, habits regular—nervous sanguine temperament. Disease, Chronic Tonsillitis and Pharyngo-Laryngitis, accompanied with elongation of the uvula.

In January, 1853, the patient was afflicted with parotitis, which, upon subsiding, left him with inflammation of the tonsils, and mucous membrane of the Pharynx and Larynx, accompanied with hoarseness. The inflammation, though slight at first, continued to increase, (at times it seemed less upon the use of stimulating gargles,) until he presented himself here.

July 3d. Found Laryngitis accompanied with hoarseness, elongation of the uvula, Tonsillitis and Folliculæ disease of the Pharynx. The patient was considerably debilitated. The throat had a peculiar appearance,—without the use of the spatula we could see the epiglottis and look down deep into the Pharynx.

TREATMENT.—*Constitutional*.—Cold bathing and friction three times per week. Comp. Syrup Stil. Sylv. 3j, three times per diem. Diet—avoid meats, greasy food, and stimulating condiments. The neck was vesicated from each ear to the pomum-adami.

LOCAL.—*Treatment*.—R Argent, Nit. grs. l x aqua 3j M. apply once a day with a probang. July 15th, much better; changed to

R Iod. Pot. grs. l x, aqua 3j. M., use as above.

17th, still improving—changed to

R Sesq. Carb. Potass. 3j, aqua 3j.—M. Use as above.

20th, still improving; changed to the former solution of Arg. Nit. In addition, we used

R Hyd. Canadensis 3j, aqua vii.—M.

as a gargle four times a day, drinking the above quantity in twelve hours.

July 27. The hoarseness had disappeared—general health and spirits were restored—discharged cured.

NOTE.—The patient was an inveterate talker,—he was required to refrain from talking as much as possible.

Case VII.—W. S. L.—, aged 27. —, Ohio. Disease—*Chronic Ophthalmia of the right eye*. This patient was a man of regular habits, and healthy constitution. In February, 1853, his eye was exposed to too strong rays of light, and kept irritated by reading by candle-light.—Conjunctivitis was induced, which gave him much pain and intolerance to light. By keeping the eye-lid closed to protect the eye, partial paralysis of the orbicularis-palpebrarum muscle was induced. Being a student of medicine, he had used and exhausted all of his means of cure, but was no better on the 29th of June, when he presented himself for treatment.

June 29th. Right eye much inflamed, much pain, chemosis and intolerance to light, spirits much depressed.

**TREATMENT.**—*Constitutional.*—Cold bathing and friction daily. Com. Powder of Senna in 3j, doses to produce free catharsis. Comp. Syrup Stil. Sylvatica 3j, three times per diem. Counter irritation to the back of the neck, of R. Oleum Tig. Oleum Terebinth, aa.

**LOCAL.**—*Treatment.*—R. Hydrastin grs. vii, aqua 3j M.—drop in the eye, and apply on a piece of soft linen four times per diem, alternating with ice-water. Dark room. July 14th, discharged cured.

Case VIII. G. W. D——, Kentucky, age 26. Father died of consumption, other relatives healthy. Patient never very healthy—predisposed to bronchial irritation. Occupation, farmer and teamster. Disease—Chronic Tonsillitis, and Follicular Pharyngo-Laryngitis, accompanied with much hoarseness.

In January, 1853, this patient became affected with a severe cold, which upon subsiding, left him with inflammation of the tonsils and mucous membrane of the posterior-nares, Pharynx and Larynx, and irritation of the mucous membrane of the Trachea and Bronchial tubes. His disease continued variable, upon the use of stimulating gargles it seemed better, but at the time of his presenting himself for treatment, July 26th, the inflammation had increased to a considerable extent, and the patient was much debilitated, afflicted with depression of spirits, coughing at night, and attended with some indigestion.

Upon examining the throat we found the tonsils much inflamed and enlarged; the uvula elongated, the mucous membrane of the pharynx and larynx reddened, follicular enlargement of those parts, and edema of the epiglottis. The posterior wall of the pharynx presented a peculiarly striated appearance, formed by tenacious purulent mucous, alternating with inflamed mucous membrane and hypertrophied follicles.

**NOTE.**—Thickening of the mucous membrane of the larynx and its lateral ligaments would destroy its vibratory functions, and induce hoarseness as in this case.

**CONSTITUTIONAL.**—*Treatment.*—Cold bathing three times per week, vesication of the anterior part of the neck over the region of the larynx with R. Oleum Tig. Oleum Terebinthian, aa. M.

The Comp. Syrup of Stillingia Sylvatica was given 3j, three times per diem. Diet—avoid meats, greasy food and stimulating condiments.

**LOCAL.**—*Treatment.*—R. Argent Nit. grs lx; aqua 3j. —M. Use once per diem (topically.) Aug. 1st. Excision of the uvula.

This course was continued until Aug. 15th, when a solution of

R. Hydrastus Canadensis 3j, aqua 3vii, was used as a gargle four times per diem, and the same quantity drank during twelve hours.

Aug. 23d. Patient much better, nearly well; but from urgent business had to return home. Sept. 3d.—Returned; had taken some cold, and the former symptoms were beginning to make their appearance. Was treated as above; Sept. 7th, returned home convalescent, the sharp pains and uneasiness in his chest had disappeared, he walked erect and was in excellent spirits.

**REMARKS.**—The topical application of Argent Nit. changed the character of the follicular secretion, and instead of inflaming the tonsils, discussed the inflammation more readily than any thing we had previously

used. To introduce the probang into the larynx the tongue must be pressed forward with the tongue spatula, until the epiglottis is seen fairly, then by passing the probang behind it and pressing a little forward and downward, it passes in readily, the spasm of the glottis and larynx pressing the solution from the sponge.

## A CASE IN PRACTICE.

BY JAS. SMILEY, M. D.

MR. EDITOR—Dear Sir: I was summoned on the 13th of May last, to visit a lady some six miles from my office, and requested to take my scarificator and glasses with me; which call I obeyed in some twelve hours after; and on arriving at the house, the lady said she wished to have the back of her neck cupped for the headache, as she was never clear of headache, and cupping gave some relief, and her Doctors told her that she must be frequently cupped, or an overflow of blood to the brain would take her life suddenly, as an overflow of blood was her disease, and that was the only thing that would be of any service to her. I listened to her history, and being in haste, proceeded to dispatch my mission, and on laying bare the shoulders, I found there a perfect sheet of scars; and being struck at the sight, I asked her how long she had been troubled with the headache? *Ans.* Seven years. With whom had she Doctors? *Ans.* Four in the city of Philadelphia, three in Pittsburgh, and two in Allegheny. Did they all agree about your disease? *Ans.* Yes. Did you receive any benefit from any of them. *Ans.* Only by cupping. How often have you been cupped. *Ans.* I do not know; I suppose *one hundred* times. I presume that you are so discouraged as to think your case hopeless and quit doctoring? *Ans.* Yes, sir—since I left Allegheny, fifteen months ago, I have not done any thing but to be cupped three or four times, and I despair of ever being any better. By this time being done with my job, I asked her if she would suffer me to examine her and have my opinion; she readily consented. On examination, I found the top of the head, the whole spinal column, the stomach, and the uterine region all very tender on pressure. Also, the vagina relaxed, the uterus resting on the floor of the pelvis, the os uteri swollen and ulcerated; the labia and walls of the vagina swollen, with profuse leucorrhoea. After my examination, I described her feelings, she said, better than she could have done. I told her the origin and principal part of her disease was of the female organs; that she had no disease of the head, as others told her, and that I could, in a great measure, relieve her, and possibly cure her. It was with difficulty I could make her believe me correct. She consented to treatment, and the result has been, that in about three months she was brought to, and continues to enjoy as good health as most women do, free from all unpleasant feelings, but not as strong as though she had never been broken down by suffering.

The treatment, which is as follows, may appear somewhat complicated, but having such a mass of disease, so many organs secondarily affected to such an extent that made it necessary to relieve urgent symptoms, as well as treat the primary disease: Alkaline bath, warm, twice a week throughout the treatment; Alcoholic vapor bath before each menstrual



period to obviate dysmenorrhæa, to act on the bowels, stomach and kidneys; 1 gill of tea, three times a day, composed of uva ursi, cubeba, Hydrastis, and Senna, for about ten days, at the same time 25 drops of M. T. Ferri, 3 times a day, with a pill composed 1½ gr. Macrotine, 1½ Lept., ¼ gr. Ext. Belladonna, and sufficient Ext. Taraxicum to form a mass, every night. At the end of ten days changed the above for the following, viz: 1 gr. Ferri Iodidum in solution, 1 hour before eating each meal; 1 dr. of comp. syr. Stillingia, (with 2 dr. Hyd. Pot. to the pt.,) one hour after eating each meal—taking two of the above pills per day, one morning and night—at the end of about six weeks left off the Stillingia. This comprised the constitutional treatment. Local treatment commenced with tepid water, changing for cold, an eight oz. syringe twice full discharged into the vagina every morning on rising from bed, with 1 oz. of the following, (cold) at night, in a horizontal position, with the hips somewhat elevated, viz: Equal parts Bark Quercus Alba Root, Macrotys Racemosa, make a strong decoction, and add 1 dr. Sulphas Zinci to 1 pint of the decoction, and as soon as the inflammation and tenderness left the vagina and uterus, had her to wear an abdominal supporter. This comprises the whole course which cured the above case, which so many "Regulars" stumbled on, who must have all had about the same amount of skill, when they arrived at the same opinion, and rendered the same relief.

N. B. This is but one among many cases of the same kind, treated after the same manner, varying the treatment to meet different cases, without a single failure.

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## SURGERY VS. LEGERDEMAIN.

BY PROF. Z. FREEMAN.

Mr. —, a typo of the Nonpareil office, when but a lad, attempted, in imitation of Herr Alexander, the Fakir of Siva, &c., to pass a cherry stone through his head, by inserting it into one ear and drawing it from the other; the former part of the feat was accomplished readily, but not the latter—the cherry stone remaining in the bottom of the meatus, close against the membrana tympani. Nine years after its insertion, the patient called upon me at my room, for the purpose of having it removed. I found it wedged in tightly, at the bottom of the meatus, with a fold of indurated membrane (the lining of the meatus auditorius externus,) had formed an incomplete valvul or ring on its external side; this was very irritable, and had commenced ulcerating, causing much pain—previous to the irritation of the parts, which was recent, the pain had been very slight and only at long intervals—the function of audition had been suspended in the affected ear since the accident.

I dilated the external meatus with the *speculum auris*, until I could see a part of the offending substance, then by taking the sharp point of a silver probe and manipulating at intervals as the patient could bear the operation, it was loosened and turned on its axis; the indurated fold which still obstructed its removal, was then clipped a little and dilated, and the cherry stone removed. Immediate audition on the affected side was the

result. Cotton dipped in sweet oil was placed in the ear, and in a few days the patient was well.

QUERY. Was it not singular that so hard a substance as a cherry stone should rest against the membrana tympani for nine years, and yet cause so little pain?

## PODOPHYLLIN.

### *The Resinoid or Active Principle of Mandrake.*

*Preparation.*—This is prepared in the same manner as the Aletrin; or the resin may be precipitated without heat by adding to the saturated tincture of the mandrake root a solution of alum; but by this process all the resin is not obtained.

This valuable agent I had the honor of introducing to the profession several years since. In 1835 I was first led to an examination of the resinous principle of this plant, as well as of the Iris, Macrotys, Aletris, and several other plants, in consequence of some information given to me by Professor Tully, of Yale College, New Haven, Conn., relative to the resinous constituent of the Macrotys Racemosa. And since August, 1835, I have prepared, and used, more or less in my practice, in the treatment of various forms of disease, the resins of Podophyllum, Iris, Macrotys, Aletris, and several other medicinal plants. In July, 1844, I first called public attention to the resins of Podophyllum and Iris, in the New York Philosophical Medical Journal, vol. i, No. 7, pages 157–161, in which I recommended the mandrake resin in combination with an alkali, for hepatic diseases, scrofula, dropsy, leucorrhea, syphilis, gonorrhea, gleet, obstructed menstruation, etc., but of which it appears but little notice was taken by the profession. In April, 1846, I again called the attention of the profession to this, as well as many other concentrated preparations, in the Western Medical Reformer, vol. v, No. 12, pages 175–178. Now, as dates are the only reliable source of correct information in such matters, unless some one can show an earlier notice of these articles, and of their practical utility, than the above, their claims will naturally be considered doubtful. The credit of first preparing podophyllin, and other concentrated preparations, for the use of the profession generally, it being part of his avocation, belongs to Mr. W. S. Merrill, druggist and chemist, of Cincinnati, who, first manufactured it in June, 1847; since which time it has become an indispensable and highly important *Eclectic* remedy; and is likewise used by many Allopathics and Homeopaths, and by the former, in all instances where they have employed it, is preferred to mercurials. K.

Podophyllin varies in color according to its mode of precipitation, being, when precipitated by heat, dark-brown; and when by acid, a light brownish-yellow, or greenish-olive if by alum. It is insoluble in water, oil of turpentine, dilute nitric acid, and dilute alkalies.

but readily soluble in alcohol and ether. It has no alkaline nor acid reaction, but forms a saponaceous compound with the alkalies.

*Properties and Uses.*—It possesses the properties of the root in a superior degree; four to eight grains operates as an active emetocathartic, with griping, nausea, prostration, and watery stools; two to four grains, as a drastic cathartic, with nausea and griping; one half to two grains, generally operates as an active cathartic, leaving the bowels in a soluble condition; in very small doses, it is gently aperient and alterative. We make use of this agent in those cases where mercurials are used by a certain class of practitioners, and find the result to be vastly in our favor; it fulfills all the indications for which mercurials are recommended and used. The action of podophyllin is very much increased by long trituration, with four or five times its weight of loaf sugar, or sugar of milk, (*lactin*). In doses of half to a grain, it is one of our most valuable cholagogue cathartics, operating mildly yet effectually, arousing the whole biliary and digestive apparatus to a normal action, which is very persistent in its character. It likewise exerts a favorable influence on the cutaneous functions, producing and maintaining a constant moisture on the skin. In doses of from one-eighth to one-half of a grain, or rather in sufficient doses not to purge, it acts as a powerful alterative, and will induce active salivary discharges in some persons, and is very useful in scrofulous and syphilitic diseases, hepatic affections, dysmenorrhea, rheumatism, gonorrhea, and recent disease of the prostate. It produces a powerful and lasting impression upon the glandular system and secretory organs, unequalled by any other article. It has likewise been found to act as an emmenagogue, and may also be safely and beneficially administered in jaundice, dropsies, dysentery, diarrhea, bilious remittent and intermittent fevers, puerperal fever, typhoid fever, phrenitis, and all glandular enlargements, and in congestive fever it will produce evacuations from the bowels; when mercurials and all other agents fail. There is not a better cholagogue preparation known in medicine, than the combination of podophyllin and leptandrin. It is superior to mercurials or any other preparation of the kind, has an extensive range of application; combines certainty and permanency of action, and is less liable to effect harm, even in the hands of ignorant or injudicious practitioners, than any other known remedy of equal power and energy.

Podophyllin should never be given, except in very fine powder, or which is still better, thoroughly triturated with loaf sugar, sugar of milk, ginger, or some soluble extract. Five grains well triturated with sugar of milk, will make ten or fifteen active cathartic doses. When used alone it is very apt to produce irritation and pain of the stomach, but soap, alkalies, or ginger added to it deprives it of most of its irritating and nauseating tendency and disposition to gripe. Care should always be taken to proportion the dose of podophyllin to the susceptibilities and condition of the

patient, as in some cases half a grain will prove a vigorous emeto-cathartic, while in others it would require twice that amount. When it operates too actively, the administration of alkaline solutions with aromatics internally, and in severe cases by enema, will check it.

Professor R. S. Newton observes, that, "administered in one-fourth or half grain doses, two or three times a day, and continued for several days, it produces an entire change of the secretions throughout the system, especially that of the liver, producing free and copious bilious discharges." He has used it extensively, alone and in combination with leptandrin and macrotin.

An eclectic physician says of this resinoid: "As a cholagogue cathartic, it probably has no equal in the *Materia Medica*. Its operation is *slow, mild, and certain*. It produces a specific action on the liver, arousing it to action, and producing free 'bilious evacuations,' rather of a hydragogue character, but is not liable to produce intestinal irritation, unless given in unnecessarily large doses. It usually takes from six to eight hours for it to operate as a cathartic, unless combined with cream of tartar, or some other article by which its action will be hastened.

As a cathartic in all biliary derangements not attended by intestinal irritation, it is a superior remedy. In bilious fevers, either remittent or intermittent, as well as in acute hepatitis or bilious-pneumonia, it not frequently arrests the disease at the first prescription if given in a proper manner, or it so far modifies the attack that the case becomes mild and manageable. In chronic hepatic derangements, with dyspepsia, it is a most valuable remedy. Its range of application is perhaps more extensive than any other cathartic medicine, except what is claimed by the old school for mercury. The Podophyllin is a regulator of all the secretions as far as any one remedy can be. It is indicated in *all cases* where, according to 'the books,' mercury is indicated, and while in any and every case it will do all the good that mercury can be presumed to do, it is entirely free from any of the objections to that article.

The dose varies from one-fourth to one-half a grain, repeated once in two or three hours. The best mode of using it is, to triturate it thoroughly with ten times its weight of pure white sugar, or sugar of milk, and give from one to five grains of the trituration at a dose once in two or three hours, until the proper effect is produced. It will usually operate in about six hours, sometimes in less. If it is desirable to have an operation sooner, add twenty to thirty grains of cream of tartar and one-fourth of a grain of capsicum to each dose. This is not apt to nauseate when first given, but if the stomach be much deranged or 'bilious,' it will be pretty sure to vomit, though not excessively, about the time its cathartic effect commences. If given alone, however, it is quite sure to operate as an emeto-cathartic, unless the doses be very small, and the intervals between them longer than three hours. As an aperient or alterative,

from one-sixth to one-fourth of a grain given evening and morning, or three times a day, will generally be sufficient. It is better, however, in all cases to triturate it as before directed, and give the dose accordingly. A combination of one part Podophyllin and ten parts Leptandrin triturated with ten parts of sugar, is an excellent alterative in dyspepsia, hepatitis, etc.

As a remedy in puerperal fever, I consider the podophyllin almost a specific. I prescribe it in one-fourth to one-half grain doses with half a drachm of cream of tartar, to be repeated every two hours until it produces free purging, and in no instance have I had any trouble with the case after its operation.

The late Prof. T. V. Morrow makes the following remarks:—"Perhaps no medicine has been introduced to the notice of the medical profession, for the last one hundred years, which promises to be of so much value as Podophyllin. An experience somewhat extensive in the use of this agent in the treatment of a great variety of cases of disease, during the last six months, has fully convinced the writer of its immense value as a remedial agent, more especially as a purgative and alterative. To prepare it properly for use, it should be finely pulverized, and given in doses of from one and a half to three grains, to an adult, mixed in a little simple syrup or sweetened water—say in one-half a table-spoonful or about two tea-spoonfuls. In doses of this size it will operate with great efficiency, and certainly as a purgative, in from four to eight hours, producing several pretty copious and moderately consistent discharges, which are very frequently charged to a considerable extent with bile. In some instances a longer period will elapse before its operation will commence, and in nearly every case it leaves the bowels in a gently lax condition, perhaps for two or three days after its operation is over. It operates with much energy and efficiency, without harshness, seldom producing griping; but it occasionally produces nausea, and, in full doses, may cause vomiting, but in small doses, seldom produces these effects. Some practitioners, who have used the Podophyllin, say it will operate quite satisfactorily as a purgative, in doses of one grain. This is one of the cathartics which, during its operation, seems to exercise a powerful controlling influence over the condition of the cutaneous tissues, as well as the action of the heart and arteries, producing, in many instances, a moderately copious perspiration, which often continues, to a greater or less extent, during the whole period of its operation. This is more especially true when it causes nausea and vomiting. But when these effects do take place the patients never experience that deathlike and powerful depressing sickness, which not unfrequently results from the operation of the powdered root of the Podophyllum Peltatum, when given in full doses. I have found the Podophyllin quite a popular and convenient purgative, the dose remarkably small that no one objects to taking it on account of its pleasant and inconvenient size."

In the treatment of the various kinds of intermittent, remittent, and continued forms of fever, I have had frequent opportunities to test its value, during the past summer, and fall. With one single dose, of from two to three grains, of this medicine, I have very frequently arrested the progress of a severe attack of bilious remittent fever, requiring nothing further to complete the cure, except some gentle tonic and restorative medicine, and a proper avoidance of the exciting causes.

The same remarks apply with equal truth to the intermitting forms of fever, as well as to some of the continued. In every variety of case, which is characterized by much hepatic torpor and congestion of the portal circle, it has manifested a superior controlling power, appearing to arouse the torpid energies of the liver, and restoring very promptly its lost functions.

But in no class of cases has this medicine manifested a higher degree of value, so far as I have been able to observe its effects, than in those cases marked by strong determination of blood to the brain, producing either congestion or incipient inflammation of that organ. In several cases of this description, in the treatment of which I have witnessed its effects, I was agreeably surprised to find every trace of congestion eradicated by one or two thorough operations of this article. It seemed to exercise a more completely controlling influence over this pathological condition than any medicine I have ever known used for the same purpose. Of course, in these cases it was used in moderately full doses, and its operations continued for a considerable length of time.

In cases of puerperal fever, in their incipient stage, it has manifested itself as a medicine of superior value, arresting them at once, when administered in full doses, and even as a common purgative dose, after confinement, no medicine has exercised a happier influence. I have availed myself of its use under these circumstances, in numerous instances, with the most beneficial and satisfactory results. In a case of dropsy of the serous cavities, as well as cellular texture of the whole body, the Podophyllin was administered in doses of one half a grain, in conjunction with half a teaspoonful of Cream of Tartar, every two hours, until it produced a half dozen or more copious watery discharges from the bowels, and repeated in two or three days afterwards, till the same effects took place, it soon relieved the patient completely of the dropsical effusion!! From its effects in this case I should be led to entertain a favorable opinion of its powers in all cases of the dropsy.

I have used the Podophyllin in numerous cases of cholera infantum, and other attacks of summer complaint in children, with satisfactory results. In these cases, however, it was given in very small doses. To a child three years old, it was given in doses of from one-fourth to a half of a grain, once in six or eight hours for thirty-six to forty-eight hours, and it scarcely ever failed to afford decided advantage, more especially in those cases in which there

was frequent hepatic torpor, in connection with a determination of blood to the head.

The results of my experience in the use of this article as a remedial agent, on the whole, are such as to leave no doubt on my mind that it is destined soon to occupy a conspicuous place among the most valuable remedies of the *materia medica*, with a very extended range of application in the treatment of disease.

As an alternative, it has demonstrated its value beyond all doubt, in numerous cases in which it has been used during the past summer and fall, especially in that class of cases in the treatment of which the routine practitioners of the orthodox school regard the mercurial preparations as of indispensable importance. Indeed, it promises to be more than a substitute for the mercurials, in all those cases in which these medicines have proved of any substantial value, without their liability to produce injurious effects on the constitution of patients.

*Off. Prep.*—*Pilulæ Baptisæ Compositæ*; *Pilulæ Copaibæ Compositæ*; *Pilulæ Ferri Compositæ*; *Pilulæ Leptandri Compositæ*; *Pilulæ Podophyllini Compositæ*; *Pulvis Leptandri Compositus*; *Pulvis Podophyllini Compositus*.—*U. S. Eclectic Dispensatory*.

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## ON THE INJURIOUS EFFECTS OF TOO FREQUENT PURGING OF INFANTS AND CHILDREN.

From time immemorial, a system of purgation, both as a remedy and preventative, has found favor with the multitude; but at no period of life have purgatives been given so freely and frequently as in infancy and childhood. As a preventive of disease, there can not, however, be a more dangerous absurdity, than such a system, especially in these days of mineral quackery, in which *calomel* has become the favorite purgative for children. A single question, and one fact, will convince any rational man or woman of the truth of our opinion. What is the mode of action of every purgative or aperient drug in the *Materia Medica*? Is it not irritation, direct or indirect, of the lining membrane of the intestinal canal, in a greater or less degree; and does it not produce, as a necessary effect, in every instance, a larger or smaller quantity of increased secretion? So much for the question. We presume that no one but a devoted disciple of some noted pill maker, or other quack, will contend that irritation, producing increase of secretion, can ever be necessary in the *healthy* body. As regards our fact, let any person with regular or moderately regular bowels, take a purgative, and he will certainly find, that after its immediate effects have passed away, a state of costiveness will remain. The tendency of nature to periodical movements has been interrupted by the production of evacuations at irregular periods, and she requires some time to enable her to

recur to the simplicity of her original design. We have no reference in these remarks to the use of purgatives in disease, but solely to their *abuse* during health, (though we know that they are most scandalously abused in the former as well as in the latter state.)

The impropriety of a needless resort to medicines of this class, is not sufficiently thought of by many of our medical brethren. We have, indeed, often had occasion to mourn over the display of drugs upon the mantle-piece of even a physician's nursery, and he, too, a brother reformer. The most unreflecting and injudicious would surely grieve, did he see an ointment of Spanish flies rubbed to a healthy skin, with no other apparent intention than that it might be followed by a healing salve; yet what less absurd is portended by the accumulation, in such a situation as we have alluded to, of packets of laxative draughts, bundles of astringent powders, and bottles of carminative mixtures, all designed for the same unlucky children.

This is no imaginary description,—we have but too often seen the original; yet, better and more merciful would it be toward many of the victims, to destroy them in the birth, than by such a course, to provide for them the enduring miseries of an irritable intestinal mucous membrane.—*Medical Reformer.*

## A CASE OF CANCER CURED, AND A CHILD'S NOSE SAVED FROM THE KNIFE.

BY T. V. MORROW, M. D.

About the middle of Nov. last, Mr. Isaac Hamilton, of Lewisburg, Preble Co., Ohio, came to this city, and brought with him a child of his aged six months, that had been afflicted from the time of birth with a cancer on the nose, the malignancy and growth of which were rapidly on the increase, previous to the time he had determined to visit this city in search of medical aid. Several physicians of his neighborhood concurred in advising him to call on Dr. Mussey; which, I am informed, was done in accordance with their recommendation, and the doctor proposed a surgical operation; the object of which was the removal of the nose, or, at least, that part of it which was mainly involved in the disease, which was the whole cartilaginous portion, as affording the only, or at any rate, the best means of success within the scope of his knowledge. Both Mr. and Mrs. Hamilton objected to this mode of treatment, and determined to make further inquiry. Meeting with a friend of the Reformed Practice, they were recommended to call upon me, which they immediately did. Upon examination, I informed them that it was my unhesitating opinion, that if the case was within the reach of remedy at all, it could be cured much better and more safely and



certainly, without the use of the knife. With this view of the subject the parents seemed to be satisfied, and after a short explanation of the mode of treatment I proposed to pursue, they requested me to take the case in charge, proposing to have the mother remain in the city a few weeks, and carry out the treatment proposed, under my immediate inspection, which was accordingly done for four weeks, when the child had so far improved as to induce me to consent to have it return with its mother home, furnishing a sufficient quantity of medicine to continue the treatment as long as it might be found necessary to complete the cure.

This case exhibited the characteristic features of that species of cancer known by the systematic name of *Fungus Hematodes*, or *Bleeding Cancer*, and had proceeded to the extent of slight ulceration at several small points, and occasionally slight hemorrhage from the margin of the nostrils, with considerable swelling of all those parts involved in the affection. The course of treatment pursued in this case was remarkably simple, and was as follows: The surface of the cancer was touched slightly with the caustic of potash, and very small quantities of the mild vegetable caustic was sprinkled over the surface of a poultice of the finely powdered slippery-elm bark, which was applied over the whole of the affected surface, and confined to its place by strips of adhesive plaster, and renewed as often as three or four times a day, washing the surface of the sore each time with warm milk and water, or weak soap-suds. This course of management effected a pretty free and copious discharge of purulent matter, and continued to improve the aspect of the sore until a radical cure was effected. I saw a gentleman from that neighborhood a few weeks since, and he informed me that no signs of the complaint were to be seen, and it was agreed by all who saw it to be a permanent cure.—*Med. Reformer*.

## PILLS.

PILULÆ CAMPHORÆ COMPOSITÆ. *Compound Pills of Camphor. Cholera Pills.*

Take of Camphor, Opium, Kino, of each, in powder, *thirty grains*; Capsicum *five grains*; Conserve of Roses, a *sufficient quantity*. Mix together and form a pill mass, and divide into thirty pills.

These pills were much employed in Asiatic cholera, as a stimulant, antispasmodic, anodyne, and astringent, and with much success. One pill to be given after each discharge from the bowels, or oftener if the urgency of the case require it. Where powders are preferred, the conserve of roses may be omitted, and the mixture be given in powder.

PILULÆ LEPTANDRINI COMPOSITÆ. *Compound Pills of Leptandrin.*

Take of Leptandrin, *one drachm*; Podophyllin, *half a drachm*; Extract of Rhubarb, *a sufficient quantity*. Mix together, and divide into sixty pills.

A valuable cholagogue pill, very beneficial in liver affections, obstinate costiveness, etc. Dose, one or two pills, twice a day.

**PILULÆ MACROTII COMPOSITÆ.** *Compound Pill of Black Cohosh.*

Take of the Hydro-alcoholic Extracts of Black Cohosh and Scullcap, each, *one drachm*; Valerianate of Quinine, *half a drachm*. Mix thoroughly together, form into a pill mass, and divide into sixty pills.

Useful in chorea, and other derangements of the nervous system; also in fevers, or other diseases attended with much restlessness or wakefulness, and in several uterine affections. Dose, one pill, every one, two, or three hours, daily, according to the urgency of the symptoms.

## POWDERS.

**PULVIS ASOLEPIÆ COMPOSITUS.** *Compound Powder of Pleurisy Root.*

Take of Pleurisy Root, and Spearmint, each in powder, and Sumach Berries, of each, *two ounces*; Bayberry Bark and Skunk Cabbage, of each, in powder, *one ounce*; Pulverized Ginger, *half an ounce*. Mix them.

Very useful diaphoretic in coughs, colds, and as a drink in febrile diseases. Two drachms of the powder may be infused in half a pint of boiling water, sweetened, and drank in wineglassful doses, every hour or two; Or in common colds, the half pint of warm infusion may be taken at a draught, and repeated in an hour if necessary.

**PULVIS JALAPÆ COMPOSITUS.** *Compound Powder of Jalap. Antibilious Physic.*

Take of Alexandria Senna, in powder, *two pounds*; Jalap, in powder, *one pound*; Cloves or Ginger, in powder, *two ounces*. Mix them.

This forms an excellent purgative, useful in nearly all cases where such action is required. It combines power with mildness, and acts throughout the whole alimentary canal, cleansing it of all abnormal accumulations, and stimulating the whole biliary apparatus to healthy action. It may be given to either sex, and at all ages; and is used in all febrile, inflammatory or chronic diseases, being contra-indicated in severe gastric or intestinal inflammation, and requires to be used cautiously and in moderate doses, during pregnancy, menorrhagia, and certain other diseases. Dose, one drachm, put into a gill of boiling water, and allowed to stand till cold, then sweeten, if desired, stir, and drink the whole contents. Milk, wine, cider, lemonade or coffee, etc., may be substituted, in proper cases, for the water.

**PULVIS LEPTANDRINI COMPOSITUS.** *Compound Powder of Leptandrin.*

Take of Leptandrin, in powder, *one drachm*; Podophyllin, in powder, *half a drachm*; Sugar of Milk, *five drachms*. Mix and triturate well together.

A cholagogue cathartic, of immense benefit in epidemic dysentery, in doses of eight grains every hour or two, until it operates freely. Used, also, in typhoid, remittent, and intermittent fevers, with or without the addition of quinine, and in all biliary derangements. The addition of three grains of *Santonin* to eight of the above powder, and given twice a day, forms an admirable anthelmintic.

**PULVIS LOBELIÆ COMPOSITUS.** *Compound Powder of Lobelia. Emetic Powder.*

Take of Lobelia, in powder, *twelve ounces*; Bloodroot and Skunk Cabbage, in powder, of each, *six ounces*; Ipecacuanha, *eight ounces*; Capsicum, in powder, *two ounces*. Mix them.

Useful in all cases where an emetic is required. Vomits easily, without causing cramps, or unpleasant prostration. Dose, half a drachm, in boneset tea, every fifteen minutes, and repeated three or four times. Warm boneset facilitates its operation, and it will be found that temperate water (at 60°) will be equally as effective, and much more agreeable.

**PULVIS MYRICE COMPOSITUS.** *Compound Powder of Bayberry. Cephalic Powder.*

Take of Bayberry Bark and Bloodroot, of each, in powder, *one ounce*. Mix.

Used alone, or combined with an equal part of common snuff, in catarrh, headache, polypus, etc.

**PULVIS NIGRUM.** *Black or Emmenagogue Powder.*

Take of Flowers of Sulphur, Myrrh, Steel Filings, Loaf Sugar, of each, in fine powder, *four ounces*; White Wine, *two pints*. Mix together, and by means of a gentle heat, evaporate till nearly dry. Remove from the fire, and when cold, pulverize, and keep in well stopped bottles.

Highly recommended in idiopathic or primary amenorrhea, chlorosis, etc. Dose, half a drachm, three times a day, to be taken in molasses, or in the form of pills.

## SYRUPS.

**SYRUPUS ARALIÆ COMPOSITUS.** *Compound Syrup of Spikenard. Pulmonary Balsam.*

Take of the Roots of Spikenard, Elecampane, Comfrey, and Blood Root, of the Leaves and Flowers of Horehound, of Wild Cherry Bark, each, *one pound*. Proceed to make into a syrup, similar to the directions given for the Compound Syrup of Sarsaparilla, reserving three pints of the strongest tincture, using twenty-four pounds of Sugar, and making three gallons of the syrup. This is the formula as now prepared by W. S. Merrell, and is a superior preparation.

Used in coughs, and pulmonary affections. Dose, a tablespoonful three or four times a day.

**SYRUPUS RHEI ET POTASSÆ.** *Syrup of Rhubarb and Potassa. Neutralizing Cordial.*

Take of best India Rhubarb, in coarse powder, and Bicarbonate of Potassa, each, *one pound*; Cinnamon, Golden Seal, each, *half a pound*; macerate for two days in best fourth proof Brandy, *two gallons*; then express the tincture with strong pressure, and add to it Oil of Peppermint *two fluidrachms*, previously dissolved in a little alcohol.

Break up the cake or compressed residue from the press, and place it in a displacement apparatus, and gradually add warm water, until the strength of the articles is exhausted. Evaporate this solution to eight pints, and while the liquor is still hot dissolve in it *six pounds* of Refined Sugar. Continue the evaporation, if necessary, until when added to the tincture first obtained, it will make three gallons, and mix the two solutions together. Strictly speaking, this is not a Syrup, but a sweetened Tincture.

Used in diarrhea, dysentery, cholera-morbus, cholera-infantum, and in the same diseases as the Compound Powder of Rhubarb. Dose, for an adult, a tablespoonful every half hour, hour, or two hours, according to the urgency of the symptoms.

**SYRUPUS RUMECIS COMPOSITUS.** *Compound Syrup of Yellow Dock. Scrofulous Syrup.*

Take of Yellow Dock Root, *two pounds*; Bark of the Root of False Bittersweet, *one pound*; Root of Fiveleaf (*Ampelopsis Quinq.*) and Root and Herb of Figwort (*Scroph. Mariland.*), each, *half a pound*.

Proceed to make into a Syrup, similar to the directions given for the Compound Syrup of Sarsaparilla, reserving two pints of the strongest tincture, using sixteen pounds of Sugar, and making two gallons of Syrup. This is the formula, as now prepared by W. S. Merrell.

Used in scrofula, and all scrofulous diseases. Dose, a tablespoonful three or four times a day. Some physicians add an ounce of the Hydriodate of Potassia to every pint of Syrup.

**SYRUPUS CORYDALII COMPOSITUS.** *Compound Syrup of Turkey Pea.*

Take of thero ot of Turkey Pea, coarsely bruised, *two pounds*; the leaves of Twin-leaf, *one pound*; Blue Flag Root, *one pound*; the leaves of Sheep Laurel, *half a pound*.

Proceed to make into a syrup, similar to the directions given for the Compound Syrup of Sarsaparilla, reserving thirty-six fluid-ounces of the strongest tincture, using eighteen pounds of Sugar, and making thirty-six pints of syrup. It may be flavored with some aromatic essence, as Sassafras, etc.

Used in syphilis, scrofula, liver affections, and rheumatism. Dose, a tablespoonful three or four times a day. J. K.

**SYRUPUS SARSAPARILLÆ COMPOSITUS.** *Compound Syrup of Sarsaparilla. Alterative Syrup.*

Take of the Roots of Honduras Sarsaparilla, Yellow Parilla, Burdock, and Ground Guaiacum Wood, each, *ten ounces*, avoirdupois; Bark of the Root of Sassafras, Elder Flowers, Blue Flag Root, each, *eight ounces*, avoirdupois.

Grind, and mix the articles together, place the whole four pounds in a convenient vessel, cover them with Alcohol of 76 per cent., and macerate for two days. Then transfer the whole to a common displacement apparatus or percolator, and gradually add hot water, until two pints have been obtained, which retain and set aside.

2. Then continue the percolation, and of the second solution reserve so much as contains a sensible amount of spirit, and distill or evaporate the alcohol from it.

3. Continue the displacement, by hot water, until the solution obtained is almost tasteless, and boil down this weaker infusion till it begins to thicken, or until, when added to the balance remaining of the second portion, after the evaporation of the alcohol, it will make twelve pints.

4. To these two solutions combined, add sixteen pounds of Refined Sugar, and by heat, dissolve—carefully removing the scum which arises as it comes to the point of boiling. Then, if it exceeds that quantity, evaporate the Syrup with constant stirring, to fourteen pints, remove from the fire, and when nearly cold, add the two pints of tincture first obtained, and make two gallons of Syrup. Each pint will contain the virtues of four ounces of the ingredients.

This is the formula, as made by W. S. Merrell; it forms an excellent Syrup, which may be used in all cases where an alterative is indicated; in chronic hepatitis, rheumatism, syphilis, acrofula, cutaneous diseases, ulcers, white swelling, rickets, necrosis, and every taint of the system. Some physicians add an ounce of the Hydriodate of Potassa to every pint of Syrup.

Dose, a wineglassful, three or four times a day.—*U. S. Eclectic Dispensatory.*

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## INFLUENCE OF NOXIOUS EFFLUVIA IN THE ORIGIN AND PROPAGATION OF EPIDEMIC DISEASES.

BY E. D. GRAINGER, M. D.

The following remarks upon the influence of human effluvia in this respect are extracted from this very admirable and instructive paper, as being the expression of facts which are less familiar than those which concern the emanations arising from privies, cesspools and imperfect drains. It is scarcely possible to insist too much upon the vital importance of truths like these, for, with Mr. Grainger, we are compelled to believe that "the predisposing causes of

diseases are infinitely more important than what are called the immediate or exciting causes."

*Influence of human effluvia.*—According to my own opportunities of observation, the more injurious of all the causes operating in the diffusion of epidemic diseases, are the effluvia proceeding from the human body, and especially from the lungs and the skin. The special deleterious agent consists of the effete, and, as it has been proved experimentally, highly putrescent organic matter, mingled with the expired air. That it is, when reintroduced into the living body, liable to be highly injurious, may be inferred from the fact of the careful provision made by nature for its incessant elimination from the system. That it is small in amount, is no objection to the intensity of its action; for to the physiologist it is well known that a minute quantity of a powerful agent—the putrid matter introduced on the point of a needle in the inspection of a dead body—a single drop of concentrated prussic acid placed in the mouth of an animal—is sufficient to destroy life. It is in overcrowded bedrooms, in unventilated schools, workhouse dormitories, &c., that this effete matter taints the air, and, entering the blood, poisons the system. That the remarkable diminution in the amount of carbonic acid evolved from the lungs, where persons, as in crowded and unventilated apartments, breathe an impure atmosphere, acts in such cases injuriously, admits of no doubt; but the evil, *quoad* the development of fever, scarlatina, cholera, &c., depends on the organic, and not on the chemical products of respiration. As one indication of this, it may be explained that it is possible, under certain circumstances, to observe the action of the former when separated from the latter. As soon as the expired air quits the body, the matters of which it consists have a tendency to separate; and as regards the two substances under consideration, the carbonic acid mixes with the atmosphere in the principle of diffusion; whilst the animal excretion, no longer held in solution by the colder external air, is deposited, and particularly clings to woolen articles, as bedding and clothes, which last, as it is well known to medical men, clergy and others, will often retain for hours, or even longer, a foul smell from this cause alone.

When the matter, from neglect, is allowed to accumulate, it will affect the health. An instance of this was mentioned to me by the surgeon of a large pauper school, where the health of the boys was decidedly improved by substituting, for the usual dress, clothes capable of being readily washed.

It is, however, familiar to all practitioners, that human effluvia especially exhibit their poisonous influence when either multitudes of human beings are crowded together, or where a smaller number are placed in confined and unventilated sleeping places. Many instances of the influence thus excited on all kinds of epidemic disease have come under my notice; but only a few illustrative examples can here be adduced. In making these selections, it will be

my object to present instances which, as far as possible, display the operation of some one individual agent; for when, as usually happens among the poor, a multitude of unfavorable conditions are present, it is extremely difficult to define and demonstrate the deleterious agency of each.

The following case illustrates the effects of overcrowding, in respect to cholera. During the epidemic of 1849, the inmates of a reformatory establishment for young women suffered intensely from the pestilence; 40, out of a total of 76, being attacked, and 15, or rather, more than 15 per cent. dying. Now these poor sufferers were previously in perfect health—they were well fed, well clothed, and, in short, carefully tended; but the dormitories were low and much crowded; the windows, for the sake of seclusion, were partly blocked up, which greatly interfered with the ventilation. After a careful examination, I could detect no other cause than this for the sudden outbreak, occurring at a period when there was little cholera in the neighborhood. As regards the influence of overcrowding on the development of low fever, I may appeal to the experience of every medical practitioner whose duties call him much among the poor. It matters not whether we speak of the closely-packed common lodging-house; of rows of houses built back to back; of the small, unventilated, and often single sleeping apartment of the mechanic; or of the ill-built cottages in rural districts, with their one bed-room, overhanging thatch, and small lattice; wherever, either from numbers or the want of ventilation, we have the fetid, sickening air, generated by human effluvia, there, assuredly, we shall find fever. Although observed especially among the poor, fever, as it occurs in this country, is not, however, essentially dependent on poverty and destitution; want may, indeed, aggravate the evil, and actual famine (as we unhappily saw a few years ago in Ireland, and in the inhabitants of Ireland who fled to the manufacturing districts of England) may give immense development to typhus; but that persons well fed, living in comfort, and in strong health, may suffer severely from low fever, is shown by a large experience.

One of the best illustrations, perhaps, is furnished by the sailors belonging to the collier vessels frequenting the Thames. These men, as a body, are in the prime of life, robust, and well fed; but as I found by examining many of these vessels, the place where they sleep, the forecabin, is excessively small and confined; with this serious additional evil, that as the hatchway is usually flush with the deck, it becomes necessary, whenever there is much sea, to close it down, when the unfortunate sailors must be without any window, as if shut up in a close box. When, too, the vessels come to London, as only one man is required to keep watch at night, all the sailors are crowded at the same time into their closely-packed berths. Some years ago, the attention of Mr. Busk, the distinguished surgeon of the Seamen's Hospital Ship, was attracted to the large num-

ber of typhus cases which were admitted, amounting in 1841 to 147, and in 1842 to 167; and to the fact that, of all the vessels in the Thames, the colliers were most subject to fever. In investigating this question, I could detect no other cause than the polluted air which these men must have breathed in the confined fore-castle. That there is nothing connected with a sailor's mode of life to expose him to typhus, is proved by the experience of well-managed vessels; and, as one among the many proofs which might be adduced, I may mention that Mr. Clark, who made ten voyages to India as a surgeon in Messrs. Green's fine vessels, never had a single case of typhus.

To those who are practically acquainted with the poorer parts of populous towns, it would be needless to point out that the common lodging houses, and especially those occupied by the Irish, inflict an almost incredible amount of evil on the community—they are the common cause of all epidemic diseases; they frequently are the means of introducing the small-pox into the locality where they are situate; and they are a never-failing source of expenditure to the parochial authorities. Although other sources of sickness may prevail, filth, neglect, and destitution—this last, however, by no means so often as supposed—the one prevailing evil and special characteristic is enormous overcrowding, carried to an extent which those unacquainted with the subject, can scarcely, even in idea, realize. In the valuable recent report of Captain Hay, the Commissioner of Police appointed to superintend the carrying out of the Common Lodging-House Act in the metropolis, and to whom much credit is due for carrying into operation a difficult and novel measure, some remarkable illustrations are given. In one eight-roomed house, 103 persons, the population of a hamlet, were herded together; in one room, fourteen feet six inches square, thirty-seven people were found lying huddled together on the floor. In many of these instances, the space for each inmate could not have been more than forty cubic feet; whilst the lowest amount required for health in a sleeping room is five hundred cubic feet, or twelve times the amount.

My own experience corroborates these statements of Capt. Hay. On entering some of these deplorable places, I have found every possible space occupied by men, women and children; and an atmosphere so fetid as to be almost overpowering to a stranger; causing, indeed, in some instances, nausea and actual vomiting.

That persons habitually breathing an air thus polluted by poisonous exhalations, should become the victims of zymotic disease, can excite no surprise. As to low fever, the amount is enormous. I had occasion, two years since, to examine some of the courts in Gray's Inn Lane; and in one of them was an Irish lodging-house, in which alone twenty cases of fever had occurred in two months.\*

\* Report on the present state of certain parts of the Metropolis; and on the Model Lodging-Houses of London. By R. D. Grainger, Esq. Ordered to be printed by the House of Commons, 1851.



## BOOK NOTICES.

**THE ACTION OF MEDICINE IN THE SYSTEM; or "On the Mode in which Therapeutic Agents introduced into the Stomach produce their peculiar Effects on the Animal Economy."** Being the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal for MDCCCLII. By Frederick William Headland, B. A., M. R. C. S., etc. Philadelphia: Lindsey & Blackiston, 1853. 8vo. pp. 560. H. W. Derby & Co., Cincinnati.

\*We have read the above work and find it one of the very best that has been written on this subject and worthy of a careful notice. So much so that we give the following lengthy review from the American Journal of Medical Science, Oct. 1853. This:

\* The inquiry to which the present dissertation is devoted, is confessedly a most important one. As the author very properly remarks: "For the proper perfection of medicine as a rational science, two things are in the main needed; the first is a right understanding of the causes of disease, the second, a correct knowledge of the action of medicines. Should our acquaintance with these two subjects be complete, we should then be able to do all that man could by any possibility effect in the alleviation of human sufferings.

It is certainly a mortifying fact that, notwithstanding the rapid advance which most of the departments of medical science have made during the present century, still, in the actual amount of our knowledge of the action of medicine and of their agency in the cure of disease, we do not greatly excel our predecessors. A vast number of new and potent remedies, it is true, have of late years been added to our lists of the materia medica, but still, even of these, the true therapeutic action and application are but imperfectly understood. As well remarked by Dr. Headland:—

"On no question, perhaps, have scientific men differed more than on the theory of the action of medicines. Either facts essentially opposed and incompatible have been adduced by the disagreeing parties; or, which is nearly as common, the same fact has received two distinct and opposite interpretations. Many hypotheses, when tested, are seen to be grounded on bare assertions, and to be destitute of legal proof; many others are attempted to be established on a probability already evidenced; but, by itself, it is no proof, for we find often that medicines are capable of producing the same result in very dissimilar ways."

The inquiry into the *modus operandi* of medicines is one of great extent, and beset with many difficulties. "In reasoning as to the probable effects of particular remedies on the human body," says

Glassford, in his *Principles of Evidence*, as quoted by our author, "the conditions and circumstances which have to be considered in addition to the more obvious facts and symptoms is so great, that the utmost exertion of human sagacity, founded upon the largest induction of particulars which any one mind is capable of embracing and retaining, can do no more than approximate to that real evidence with which the case seems by its proper nature to be susceptible."

In a task at once so extensive and difficult, should it be found that Mr. Headland had failed in its entire and satisfactory execution, he must nevertheless receive our thanks for his zeal and courage in undertaking it; more especially as by the extent of which he has succeeded—the important hints he has thrown out, and his careful collation of the facts bearing directly upon the several points of inquiry embraced in his general subject, he has prepared the way, by following which future laborers may advance still farther in the elucidation of the great problem: In what manner do therapeutic agents act in the removal of disease?

We present the ten propositions laid down by Dr. Headland in relation to the general modes of action of therapeutic agents introduced into the stomach. From these will be perceived the leading conclusions at which he has arrived. These are certainly deserving of a close and favorable consideration, and the basis for the classification of the *materia medica* than any of those previously adopted:—

"*Proposition I.* That the great majority of medicines must obtain entry into the blood, or internal fluids of the body, before their action can be manifested.

"*Prop. II.* That the great majority of medicines are capable of solution in the gastric or internal secretions, and pass without material change, by a process of absorption, through the coats of the stomach and intestines, to enter the capillaries of the portal system of veins.

"*Prop. III.* That those medicines which are completely insoluble in water, and in the gastric and intestinal juices, cannot gain entrance into the circulation.

"*Prop. IV.* That some few remedial agents act locally on the mucious surface, either before absorption, or without being absorbed at all. They are chiefly as follows:—

"*a.* Irritant emetics.

"*b.* Stomach anæsthetics.

"*c.* Irritant cathartics.

"*Prop. V.* That the medicine, when in the blood, permeates the mass of the circulation, so far as may be required to reach the parts on which it tends to act.

"That there are two exceptions to this rule:—

"*a.* The production of sensation or pain at a distant point.

"*b.* The production of muscular contraction at a distant point.

"*Prop. VI.* That while in the blood the medicine may undergo changes, which in some cases may, in others may not, affect its influence. That these changes may be:—

"*a.* Of combination.

"*b.* Of reconstruction.

"*c.* Of decomposition.

"*Prop. VII.* That a first class of medicines, called *Hæmatics*, act while in the blood, which they influence. That their action is permanent.

"1. That of these, some, called *Restoratives*, act by supplying, or causing to be supplied, a material wanted; and may remain in the blood.

"2. That others, called *Catalytics*, act so as to counteract a morbid material or process; and must pass out of the body.

"*Prop. VIII.* That a second class of medicines, called *Neurotics*, act by passing from the blood to the nerves or nerve-centres, which they influence. That they are transitory in action.

"1. That of these, some, called *Stimulative*, act so as to exalt nervous force, in general or in particular.

"2. That others, called *Narcotics*, act so as first to exalt the nervous force, and then to depress it; and have also a special influence on the intellectual part of the brain.

"3. That others again called *Sedatives*, act so as to depress nervous forces in general and particular.

"*Prop. IX.* That a third class of medicines, called *Astringents*, act by passing from the blood to muscular fibres, which they excite to contraction.

"*Prop. X.* That a fourth class of medicines, called *Eliminative*, act by passing out of the blood through the glands, which they excite to the performance of their functions."

The correctness of the first six of these propositions will, we think, be very generally admitted. The last four will probably meet with more opposition; and yet, as the basis of a general classification of remedies, they appear to us to have strong claims to our attention. The greatest difficulty is to decide which of the several articles of the *materia medica* are to be arranged in one or other of these classes. In regard to many, their proper position is very evident; in regard to others, this, however, is by no means so readily determined. The difficulty has been felt by Dr-Headland, who has labored to overcome it with a good deal of skill and some success.

The first class of medicines—*HÆMATICS*—Dr. H., as we have seen, divides into *restoratives* and *catalytics*. With respect to the first, he remarks that what is stated in the general proposition with respect to their action, resolves itself into the following simple affirmations or minor propositions.

"1. That they act in the blood, and that their effect is permanent.

"2. That there are naturally in the blood substances which resemble or coincide with them.

"3. That they are not of necessity excited, but may remain in the blood.

"4. that they are of use when a disease depends on the want of one or more materials in the blood."

The restoratives are divided into six orders.

1. ALIMENTS. 2. ACID. *Mineral*: Sulphuric, hydrochloric, nitric, and phosphoric. *Vegetable*: Acetic, citric, tartaric, and malic. 3. ALKALIES—Potash, soda, ammonia, lime, magnesia; their carbonates, and neutral acetates, citrates, and tartrates. 4. TONICS—*Alcaloids* and neutral principles—quinia, cinchonia, bebeerine, narcotine, salicine, etc. *Bitter drugs*—cinchonia, quassia cusparia, gentian, columbo, chiretta, centaurium, menyantes, rhubarb, hops, elm and willow barks, tansy, wormwood, chamomile, cascarrilla. 5. CHALYBEATES—protoxide, sesquioxide, and sesquichloride of iron. Salts of iron, viz: the carbonate, protosulphate, persulphate, phosphate, pernitrate, peracetate, ammonio-citrate, potassio-tartrate, vinum ferri, chalybeate waters. 6. SOLVENTS—*Antilithics*. The mineral alkalies, their carbonates, and neutral salts, with vegetable acids. Biborate and phosphate of soda. Benzoic and cinnamic acids. ANTIPHOSPHATICS—mineral and vegetable acids. Sour fruits.

The second division of hæmatics, the CATALYTICS, Dr. H. distributes into eight orders. The statement in the general proposition in reference to these remedies, may be divided, he remarks, into the following minor propositions:

"1. That they act in the blood, and that their effect is permanent.

"2. That each of itself tends to work out a peculiar operation in the blood.

"3. That the diseases in which they are used depend on certain morbid materials, or actions in the blood.

"4. That the result of the action of a catalytic medicine is in some way to neutralize or counteract some one or more of these morbid processes.

"5. That these medicines are all unnatural to the blood, and must at length pass out of the system."

The eight orders of catalytics are as follows: 1. ANTIPHLOGISTICS—Antimonial, mercurials, alkalies, and salines. 2. ANTISYPHILITICS—Mercurials, preparations of gold, iodide of potassium, sarsaparilla (?). 3. ANTISCROFULISCS—Iodine, bromine, chlorine, iodides and bromides, potash. ANTIARTHRITICS—Colchicum, nitrohydrochloric acid, lemon-juice. 4. ANTISCORBUTICS—Citric acid, lemon-juice, fresh vegetables, salts of potash (?). 5. ANTIFERIODICS—Arsenious acid, arsenite of potash, alum, chloride of sodium. 6. ANTICONVULSIVES—Preparations of arsenic, silver, zinc,

lead, and copper. *ANTISQUAMICS*—(*Removers of skin disease*)—Preparations of arsenic, sulphur, pitch.

Of the second class of remedies, or *NEUROTICS*, Dr. H., as we have seen, makes three general divisions: *Stimulants, narcotics, and sedatives.*

The minor propositions in reference to neurotics are thus stated:

- "1. That neurotics are medicines which pass into the blood.
- "2. That their action is evidenced by a change in one or more of those functions which are attributed to the nervous system.
- "3. That it is necessary that they should pass from the blood to that part of the nervous system which is influenced by them.
- "4. That they are of use in an over-excited or depressed state of the nervous system.
- "5. That they are transitory in action, and cannot remain in the blood."

The *STIMULANTS*, Dr. H. divides into *general and specific.*

The general stimulants are, *Mineral substances*—Ammonia and its carbonates, phosphorus. *Animal substances*—Musk and castor. *Vegetables containing volatile oils*—The aromatic labiatae, compositae, and umbelliferae, cloves and nutmeg, cinnamon, cassia, sassafras, rue, barosma, the aurantiaceae, canella, valerian, mustard, cajeput and pimenta, hops, juniper, turpentine, cardamon, onion. *Vegetables containing acrid principles*—Senega, horseradish, serpentry, cascarrilla, pepper, contrayerva, ginger, capsicum, meze-reon. *Resinous substances*—Guaiacum, mastich, olibanum, myrrh, elemi, benzoin, storax, pine resin.

The special stimulants are, strychnia, brucia, toxicodendron, ergot of rye, borax, rue.

*NARCOTICS* are divided into three orders—*Inebriants, soporifics, and delirians.* As inebriants, Dr. H. enumerates alcohol, wine, ethers, chloroform, camphor, Indian hemp, tobacco, lobelia. As soporifics—opium, lactuca, hops, nutmegs. As delirians—hyoscyamus, belladonna, stramonium.

*SEDATIVES* are divided into two orders—*General and specific.* As general sedatives are enumerated hydrocyanic acid, creosote, aconite, conium, colchicum, tea, and coffee. As special sedatives—antimonial, ipecacuanha, digitalis.

The third class of medicines are the *ASTRINGENTS.*

The general proposition in reference to the action of these remedies, Dr. H. divides into four minor propositions:

- "1. That they are medicines which pass into the blood.
- "2. That they have the power of causing the contraction of muscular fibre, living or dead.
- "3. That their operation is to diminish secretion, to repress hemorrhage, and to give tone to the muscular system.
- "4. That these results are to be accounted for by their action on muscular fibre, to which they pass from the blood."

They are divided into two orders—*Mineral* and *vegetable*.

The *mineral astringents* are, sulphuric, nitric, and hydrochloric acids, acetate and diacetate of lead, sulphate and sesquichloride of iron, alum, sulphate of zinc, sulphate of copper, bichloride of mercury, nitrate of silver. The *vegetable astringents* are, tannic acid, gallic acid, kino, catechu, logwood, oak galls, rhatany, bistort, pomegranate rind, rose leaves, uva ursi, tormentil, and creosote.

The general proposition in reference to the action of the fourth class of remedies, the *ELIMINATIVES*, is divided into five minor propositions by Dr. H.:

"1. That the eliminatives are medicines which pass into the blood.

"2. That they cannot remain there, but must pass out of the body.

"3. That by doing so, they tend to pass out by some glands more than by others.

"4. That the result of their passage through a gland is to increase its secretion.

"5. That they are of use when the state of the system requires that the function of a gland should be restored or promoted."

The eliminatives are divided into six orders—*Sialagogues*, *expectorants*, *cathartics*, *cholagogues*, *diaphoretics*, *diuretics*.

As *sialagogues*, mercury is the most important. In some rare cases, salivation has followed the administration of iodine. It is also not an unfrequent symptom of chronic poisoning by lead.

As *expectorants*, Dr. H. thinks that we may class antimony, ipecacuanha, and squill. The chief volatile expectorants enumerated by him are turpentine, camphor, alcohol, ether, and the volatile oils of onions, fennel, assafoetida, caraway, cinnamon, and anise.

*Cathartics* Dr. H. divides into three groups:

"1. Mercurials, which tend to increase all secretions. 2. Some resins, oils, and acrid principles, which tend especially to the bowels; and 3. Salines, when given in such an amount that they cannot pass off by the kidneys."

Of *cholagogues*, Dr. H. remarks:

"We are not well informed as to the exact number of medicines which pass out into the secretion of bile, and act thus on the true eliminative plan. But there is no medicine which is of such great and universal utility in all liver diseases as mercury, in its various forms." "It is probable that alkalies and fatty matters may act in certain cases as true cholagogues, for they are both contained in the natural secretion of bile, and, therefore, likely to pass into it."

Under the head of *true diaphoretics*, Dr. H. remarks as follows:

"The following groups of medicines may be briefly noticed as

tending to act as eliminatives on the glands of the skin. Five divisions may be made :

"1. Salines and diluents, under certain circumstances. 2. Volatile substances which are soluble in air, as ammonia, volatile oils, and alcohol. 3. Certain acrid matters, as guaiacum. 4. Certain narcotics, as opium and camphor. 5. Antimony, mercury, and sulphur."

The *diuretics* are arranged in four groups: 1. Water, and soluble mineral substances, i. e. acids, alkalies, and salines under certain conditions. 2. Acrid matters of various kinds—cantharides, juniper, turpentine, cajeput, copaiba, horseradish. Others of this group contain peculiar vegetable principles, as broom, chimaphila, taraxacum, colchicum, and squill. 3. Alcoholic and ethereal liquids. 4. The minerals which increase all secretions, as mercury, antimony, and iodine.

"There are," Dr. H. remarks, "two chief actions for which diuretics may be required. They may be used: (1) to eliminate solid materials from the blood; (2) to promote absorption, by diminishing the amount of fluid in the blood. It is easier to employ the first than to exert the second of these operations."

The foregoing sketch will enable our readers to form some idea of the views advanced by Dr. H. in the dissertation before us. The leading outlines of his theory of the action of medicines is no doubt correct, though it will probably be found that he has not always succeeded in applying it to explain the entire *modus operandi* of certain articles of the materia medica. We recommend the work as one replete with information on a subject in relation to which there has heretofore been too much vague conjecture and hypothetical speculation. From a careful perusal of Dr. H.'s treatise, the practitioner cannot fail to derive many hints in reference to the therapeutic action of the leading remedial agents calculated to divest their employment of much of the empiricism by which it is now characterized, and at the same time to render their curative operation more prompt and certain.

D. F. C.

THE MICROSCOPIST; OR A COMPLETE MANUAL OF THE USE OF THE MICROSCOPE: for Physicians and Students and all lovers of natural science. Second edition, improved and enlarged with illustrations by Joseph H. Wythes, M. D. Lindsay & Blackiston, Philadelphia; pp. 212. H. W. Derby & Co., Cincinnati, O.

We have received from the publishers a copy of the above work, and find it well worth the time spent in reading it; every thing on this subject is becoming daily more interesting. N.

**THE PRACTICE OF SURGERY:** By James Miller, F. R. S. E., F. R. C. S. E., Surgeon in Ordinary to the Queen for Scotland; Surgeon in Ordinary to His Royal Highness Prince Albert for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary, &c., &c., &c. Third American, from the second London edition. Edited, with additions, by F. W. Sargent, M. D., one of the Surgeons to Will's Hospital. Illustrated by three hundred engravings on woods. Philadelphia: Blanchard & Lea, pp. 720. H. W. Derby & Co., Cincinnati.

A copy of the above valuable work has been presented to us, and we shall embrace an early opportunity of examining its contents. The engravings are a masterpiece of art. N.

**A TREATISE ON OPERATIVE OPHTHALMIC SURGERY:** By H. Haynes Walton, Fellow of the Royal College of Surgeons in England, Surgeon to the Central London Ophthalmic Hospital, and Assistant Surgeon to St. Mary's Hospital. First American, from the first London edition. Edited by S. Littell, M. D., author of a manual on the diseases of the Eye, Surgeon to Will's Hospital for the eye and limb, Fellow of the College of Physicians of Philadelphia, &c., &c. Lindsay & Blackiston, Philad. 1853, pp. 599.

The above work has been placed upon our table by H. W. Derby & Co., and from the cursory perusal we have been able to give it, consider it a valuable addition to the already numerous scientific works on this subject. N.

**A TREATISE ON THE VENEREAL DISEASE:** By John Hunters, F. R. S.; with copious additions by Dr. Philip Ricord of the Hospital Du Midi, Paris, &c. Edited with notes by Freeman J. Bumstead, M. D., Physician to the North Western Dispensary, New York. Blanchard & Lea, Philadelphia, 1853, pp. 512.

Messrs. H. W. Derby & Co. have handed us a copy of the above work, but from press of other engagements we have not had time to examine it. N.

**THE MEDICAL FORMULARY:** Being a collection of prescriptions derived from the writings and practice of many of the most eminent Physicians in America and Europe; together with the usual dietetic preparations and antidotes for poisons, to which is added an appendix on the endemic use of medicines, and on the use of Ether and Chloroform. The whole is accompanied with a few



brief Pharmaceutical and Medical observations. By Benjamin Ellis, M. D., Late Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy. Tenth edition, revised and much extended, by Robert P. Thomas, M. D., Professor of Materia Medica in the Philadelphia College of Pharmacy. Blanchard & Lea, Philadelphia, 1854, pp. 296. H. W. Derby & Co. Cincinnati.

**THE PRESCRIBER'S PHARMACOPŒIA:** Containing all the medicines in the London Pharmacopœia, arranged in classes according to their action, with their composition and doses; by a practising Physician. Altered to correspond to the U. S. Dispensatory. Revised with additions. Third American from the fourth London edition. By Thomas F. Cock, M. D. Samuel S. & William Wood, New York, 1853, pp. 178. H. W. Derby & Co., Cincinnati.

**OPERATIVE SURGERY:** By Frederic C. Skey, F. R. S. Philadelphia: Blanchard & Lea, 1851, pp. 661. H. W. Derby & Co., Cincinnati.

**A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN:** By J. Forsyth Meigs, M. D., Lecturer on the Practice of Medicine in the Philadelphia Medical Association, Fellow of the College of Physicians of Philadelphia, and of the American Philosophical Society. Second edition, revised and enlarged. Philadelphia: Lindsay & Blackiston, 1853, pp. 711. H. W. Derby & Co., Cincinnati.

**THE POPULAR EDUCATOR.**—We are in receipt of the second number of a monthly serial bearing the above title. Taking the number before us as a specimen of its successors, we consider it one of the best works of the kind that has yet issued from the prolific press of this country. Its design is indicated by its name, and if there is any truth in the adage, "short lessons well learned" are best, then this work, in the arrangement of its departments and subjects, is the beau ideal of that philosophy. Its price (\$1.50 per year) places it within the reach of all. It is published by Alexander Montgomery, 17 Spruce street, New York. N.

**THE PEOPLE'S JOURNAL:** An Illustrated Record of Agriculture, Mechanics, Science, and Useful Knowledge; published monthly,

by Alfred E. Beach, No. 86 Nassau street, New York. Terms, fifty cents per volume, pp. 32. This new candidate for public favor certainly comes to us in a beautiful dress. We scarcely know which to admire most, the neatness and beauty of its typography, or the excellence of its illustrations. If it continues to be conducted with the ability and taste which characterises the number before us, it will be highly useful to those classes of our industrial community, for whose especial benefit it is gotten up and we bespeak for it an extensive patronage. N.

MESSRS. EDITORS: I have just received from the publishers, Messrs. S. S. & W. Wood, of New York, a copy of T. F. Cock's Manual of Obstetrics, which is a *multum in parvo*: a book well adapted to the student attending lectures, as it presents to him at a view, briefly and yet as thoroughly as can well be, the facts which may be presented to his notice in the lecture-room. It must undoubtedly meet with favor, not only with the student but likewise with the advanced practitioner, who can, without wading through a mass of speculative views, at once refer to any facts he may require to refresh his mind with, in moments of emergency and forgetfulness. The medical treatment therein given is according to the most recent Allopathic improvements; and though not consonant with the views of an Eclectic, do not materially impair the value of the work to Eclectic students, who are thus enabled to compare the treatment of the two schools, and notice their results. We are not among those who would debar our students from learning to think for themselves, or from acquainting themselves with the views and practices of others. Freedom of thought and impartial investigation are the only direct roads to truth in all matters, and therefore we recommend this little manual to the favorable notice of Eclectic practitioners and students. J. K.

PHYSICIAN'S VISITING LIST, FOR 1854.—Lindsay & Blakiston, of Philadelphia, have prepared a neat book, in pocket form, of the above title, which will undoubtedly come into general use among physicians. It contains an almanac, a list of poisons and their antidotes, to which we may refer at a moment in case of doubt, a list for recording visits made during the year, places for recording addresses of patients, nurses, engagements, etc. etc. It is, without exception, the best thing of the kind we have ever seen,

and is well adapted to meet the wants of every practitioner in these matters. The work is for sale in this city by Jacob Ernst, No. 112 Main street. N.

WE HAVE received a copy of Dr. Massie's Practice, a work of 720 pages; it is one of the best specimens of typography we have ever seen. It will be noticed more at length hereafter. N.

UNITED STATES ILLUSTRATED.—We have received the first number of the above work, and can cheerfully endorse the prospectus, for it really is one of the finest and most complete works with which we are acquainted, and we think the publishers should be well supported in their undertaking. Each No. 50 cents, or \$5 for one volume. Boston.

MEYER'S UNIVERSUM.—We have had the pleasure of receiving the Universum during the first year, and we regard it as one of the greatest acquisitions to our library; for the work is so fine that one who has any taste for fine work will never tire while looking at this. Boston. N.

### DEATH OF DR. BENEDICT.

BLOOMINGTON, Ind., Sept. 5, 1853.

PROF. NEWTON: *Dear Sir*,—You are doubtless aware of the death of the old veteran in medical reform, Dr. H. T. N. Benedict. He was a good man and widely known, and I hope you will make a notice in the Journal of his decease.

I hope the Institution will prosper, since those pathological specimens have been lopped off. The cause of Eclecticism is progressing finely here; all we want is more help. I could locate a score of young men in a lucrative practice, in this part of Indiana.

I want to have a State organization next spring, and I hope the Faculty of the Institute will assist in this matter. If this should meet your approval, I hope you will assist in the work, Fix on aday, about next May, when you can attend with other members of the Faculty, at Indianapolis. J. W. Y.







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